

# Check Request

† Credit Card Request ([per Check Request & Credit Card Guidelines](#))



411 Central Avenue  
Salinas, CA 93901

Date:

## REQUESTER INFORMATION

Name:

Dept:

## PAYMENT INFORMATION (Please Note: When paying multiple student stipends, list in alpha order by last name. )

Colleague ID:  Provide the Colleague ID for the payment recipient listed below.

Name:

Address:

City:

State:

ZIP:

Country:

Doc ID*	Description	GL / Account Number
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Total:

Additional Information / Comments:

\_\_\_\_\_  
1st Dean/Director/Budget Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
2nd Dean/Director/Budget Manager ( if