Check Request

☐ Credit Card Request (per Check Request & Credit Card Guidelines)



Date:					411 Central Avenue Salinas, CA 93901
REQUESTER INI	FORMATION				
Name:					
Dept:		Ext:			
PAYMENT INFO	RMATION (Please Note:	When paying	multiple student sti	pends, list in alpha ord	er by last name.)
Colleague ID:	Provide the Colleague ID for the payment re				ent listed below.
Name:					
Address:					
City:	•	State:	ZIP:	•	
Country:					
Doc ID*	Description		GL / Account Number		Amount
*Confirmation# / Invoi	ce# / Order# / etc			-	Γotal:
Additional Information / Comments:					
1st Dean/Director/Budget Manager				Date	
2nd Dean/Director/Budget Manager (if applicable)				Date	_
Ziiu Deail/Directi	on buuget manager (# app	псаы с)		Date	
VP/President (w/	hen required)			Date	