

**WALTERS STATE COMMUNITY COLLEGE
Check Request**

Date _____

Payee/Vendor _____

Address _____

City/State _____

Zip _____

Purpose

W ID# _____

Amount _____

Date Check Needed _____

(Contact Purchasing if W ID# does not exist)

To be completed by Business Office:

Approved By _____

Document Number _____

Entry Date _____

FOAP Information:

COA

WSSC

Foundation

Fund _____ Org _____ Account _____ Program _____ Activity _____

IMPORTANT NOTE: SUBMISSION FOR PROCESSING OF THIS CHECK REQUEST IS ACKNOWLEDGEMENT THAT THE GOODS AND/OR SERVICES FOR WHICH THIS DOCUMENT HAS BEEN COMPLETED HAVE BEEN RECEIVED BY THE INSTITUTION.

Check Disposition (Mark only one option)*

Option 1 Mail to address shown above Backup information attached to mail with check

Option 2 Call for pickup Name _____ Phone Number _____

*Please note that employee reimbursements are now issued as direct deposit to your bank account.

Requested by _____ Date _____

Dean/Dept. Head/Supervisor _____ Date _____
(If Applicable)

Vice President, Division _____ Date _____
(If Applicable)

VP, Business Affairs _____ Date _____
(If Applicable)

President _____ Date _____
(If Applicable)

Attach copies of invoices, sales slips, or other documentation, if applicable.