

# Coastal Carolina Community College

## Check Request

Vendor/Payee Name: \_\_\_\_\_

Date Needed: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

### Special Instructions

(Ex. Mail check, hold & call when ready)

GL Code	Invoice/Reference #	Subtotal	Tax	Invoice Total

Total Check Request: \_\_\_\_\_

\_\_\_\_\_  
Requestor Date

\_\_\_\_\_  
Supervisor Date

\_\_\_\_\_  
Director/Division Chair Date

\_\_\_\_\_  
Comptroller Date

\_\_\_\_\_  
Vice President Date

\_\_\_\_\_  
President Date