

Check Request



HARTNELL COLLEGE

411 Central Avenue
Salinas, CA 93901

Date:

Requester Name:
 Requesting Dept:
 Phone/Ext:

Payee Colleague ID#:

Please Note: When paying multiple student stipends, list in alpha order by last name.

Payee / Vendor Name:
 Address:
 City: State: ZIP:
 Country:

Doc ID*	Description	GL / Account Number	Amount

*Confirmation# / Invoice# / Order# / etc **Total:**

Additional Information / Comments:

1st Dean/Director/Budget Manager

Date

2nd Dean/Director/Budget Manager (if applicable)

Date

VP/President (when required)

Date