

# Check Request

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



**HARTNELL COLLEGE**

411 Central Avenue  
Salinas, CA 93901

Date:

## REQUESTER INFORMATION

Name:

Dept:

Ext:

## 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 | Amount      |
|------------------------------------------|-------------|---------------------|-------------|
|                                          |             |                     |             |
|                                          |             |                     |             |
|                                          |             |                     |             |
|                                          |             |                     |             |
|                                          |             |                     |             |
|                                          |             |                     |             |
| *Confirmation# / Invoice# / Order# / etc |             |                     | Total: 0.00 |

Additional Information / Comments:

1st Dean/Director/Budget Manager

Date

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

Date

VP/President (when required)

Date