

# 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