Check Request

☐ Credit Card Request (per <u>Check Request & Credit Card Guidelines</u>)



Date:					411 Central Avenue
REQUESTER IN	FORMATION				Salinas, CA 93901
Namai]	
Name:		Ev4.	I		
Dept:		Ext:		J	
PAYMENT INFO	RMATION (Please Note:	When paying	multiple student s	tipends, list in alpha orde	r by last name.)
Colleague ID:		Provide the	e Colleague ID fo	or the payment recipien	nt listed below.
Name:					
Address:					
City:		State:	ZIP:		
Country:					
•					
Doc ID*	Description		GL / Account Number		Amount
*Confirmation# / Invoice# / Order# / etc Total:					otal: 0.00
Additional Inform	mation / Comments:				
1st Dean/Director/Budget Manager				Date	
0 1 D /21	an/Danland St. C.	P 1 1 - 5		. <u></u>	
2nd Dean/Director/Budget Manager (if applicable)				Date	
VP/President (when required)				Date	