

# Check Request



**HARTNELLCOLLEGE**

411 Central Avenue  
Salinas, CA 93901

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

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			<b>Total:</b>

### Additional Information / Comments:

\_\_\_\_\_  
1st Dean/Director/Budget Manager

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
VP/President (when required)

\_\_\_\_\_  
Date