

MARIST COLLEGE CHECK REQUEST

This form should only be used for:
 Advances – College Fairs – Donations – Entry Fees - Honorariums
 Membership/Dues – Models – Reimbursements - Refunds
 All other expenditures require Purchase Requisitions

MAKE CHECK PAYABLE TO:

Name	
Address	
	(address is required for all check requests)

Phone Ext:	
Office Address:	
Date Check Required:	

ATTACHMENT:	
Please attach enclosed paperwork to check	

SSN	
	(required for services by individuals)

HOLD CHECK:	
Approved exceptions only, auditors require that all checks are mailed by the Business Office	

INVOICE # OR DESCRIPTION <small>Include dates of anticipated expenditures (i.e., membership period, dates of travel, etc.). Receipts due back within 10 days of expenditure. Original receipts must be attached for reimbursement.</small>	16 DIGIT ACCT # <small>Request will be returned if full 16 digit account is not supplied</small>	AMOUNT

SUBMITTED BY:		DATE:	
AUTHORIZED BY:		DATE:	

ACCOUNTING APPROVAL: _____