



COLLEGE OF THE

# Holy Cross

## Check Request

CURRENT DATE:

Name of Vendor/Employee:

FOR ACCOUNTS PAYABLE USE ONLY

Street Address:

Voucher # \_\_\_\_\_

Vendor ID # \_\_\_\_\_

Handling \_\_\_\_\_

City, State, Zip:

**ALLOW SEVEN WORKING DAYS FOR PROCESSING**

**For new vendors please attach W-9. For non-residents please attach W-8Ben.**

Purpose:

Date Desired:

Check here if check should be issued separately from other payments:

### ALLOCATION CHARTFIELD

Account (4)	Fund (4)	Department (6)	Program (4)	Class (5)	Project/Grant (8)	Amount

**TOTAL:**

Authorized Signature: \_\_\_\_\_

Name: \_\_\_\_\_

EXT: \_\_\_\_\_

Authorized Signer is certifying that he/she is authorized on the Chartfield combinations, and the charge is an appropriate expense within college policies.

**Please print, attach all supporting documentation and return to Accounts Payable, O'Kane 159.**