

**COLLIN COUNTY COMMUNITY COLLEGE DISTRICT
CHECK REQUEST**

REQ **10000**

VENDOR NO.		DATE	
PAYEE:	(1)	Originator	(3)
ADDRESS:	(2)		
	(5)	Cost Center Manager	(4)
		Business Office/Budget Availability	
CONTRACT P.O. #:		Business Office	

VOUCHER NO.	ACCT. NUMBER	TC	INVOICE NUMBER	DESCRIPTION	INVOICE DATE	AMOUNT
	(6)		(7)	(8)		(9)

1099 CODE = [] -N OR [] -P TOTAL \$ _____

SPECIAL HANDLING: _____ (10)

SHADED AREAS RESERVED FOR BUSINESS OFFICE USE

DISTRIBUTION: WHITE - BUSINESS OFFICE
CANARY - COST CENTER MANAGER

PLEASE CHECK ONE:

{	[] RETURN CHECK TO: _____ @ CAMPUS:	[] CPC
	[] MAIL CHECK (Include address)	[] SCC
	[] MAIL CHECK WITH ATTACHMENT (Include address)	[] CYC
		[] PRC

- (1) Name of individual, business, or organization
- (2) Payee's address (must be included for the check to be issued)
- (3) Person responsible for originating the request
- (4) Cost center manager's signature
- (5) If payment is on a contract PO, indicate PO number
- (6) Ten digit account number to be charge
- (7) If an invoice is attached, the invoice number should be entered here
- (8) Brief description of the purpose for payment (Ex: subscription, membership, postage, etc.)
- (9) Amount of payment requested
- (10) Any special instructions for processing (Ex: check needed by [specific date])
- (11) Indicate whether to mail the check, mail with attachment (please provide attachment), or if the check should be returned to a staff member (indicate name and campus)

Do NOT write in shaded areas. These are reserved for Business Office use only.