

**COLLIN COUNTY COMMUNITY COLLEGE DISTRICT
CHECK REQUEST**

REQ

VENDOR ID OR CWID*: _____
*EMPLOYEES NEED TO PROVIDE CWID # WHEN REQUESTING REIMBURSEMENT

PAYEE: _____

ADDRESS: _____

ADDRESS2: _____

CITY STATE, ZIP: _____

DATE: _____

ORIGINATOR: _____

ORGANIZATION MANAGER: _____

ACCOUNTING / BUDGET AVAILABILITY: _____

BUSINESS OFFICE: _____

FUND	ORGANIZATION NUMBER	ACCOUNT NUMBER	VENDOR INVOICE NUMBER	DATE OF INVOICE	DESCRIPTION BUSINESS PURPOSE	AMOUNT

CHECK DISTRIBUTION - PLEASE CHECK ONE:

RETURN CHECK TO: _____ ALLEN

MAIL CHECK _____ CHEC

MAIL CHECK WITH ATTACHMENT _____ CPC

SPECIAL HANDLING _____ CYC

_____ PRC

_____ SCC

BUSINESS OFFICE USE ONLY
Date Received Stamp

TOTAL \$ _____

ACCOUNTS PAYABLE USE ONLY	
DATE RECEIVED:	BY
SCANNED:	BY
INDEXED:	BY

WHITE - BUSINESS OFFICE | YELLOW - ORGANIZATION

REV 12/2010

Instructions for Completing Check Request Form

The Check Request Form may be used for the following:

- Subscriptions
- Memberships
- Books with an order form
- Postage for bulk mailings
- Newspaper ads
- Reimbursements to employees not processed on a Local or Professional Travel Form, or Staff Meeting Reimbursement Form

1. Complete the Check Request Form as indicated. Employees requesting reimbursement need to provide their CWID number in the space provided at the top of the form. Employee reimbursements are made via EFTs to employee bank account on record.
2. Obtain all appropriate signatures prior to submitting form to business office.
3. Adequate budget funds should be available to cover check request. Attach supporting documentation including original receipts, invoices, or order forms when submitting check request.
4. Indicate how the check should be distributed. Allow seven working days to process check request.