

EL PASO COMMUNITY COLLEGE CHECK REQUEST

VENDOR NAME _____ DATE CHECK NEEDED _____

ADDRESS _____ CITY, STATE, ZIP _____

VENDOR ID OR SS NUMBER _____

Fund	Orgn	Acct	Prog	Invoice Number	Invoice Date	Amount
TOTAL						

DO NOT MAIL CHECK
FOLLOW INSTRUCTIONS BELOW

MAIL
TO VENDOR

SPECIAL INSTRUCTIONS _____

EXPLANATION _____

REQUESTOR'S SIGNATURE _____ EXT _____ DATE _____ BUDGET HEAD SIGNATURE _____ DATE _____