

HUNTER COLLEGE OF THE CITY UNIVERSITY OF NEW YORK

REQUEST FOR CHECK FORM

PLEASE PRINT OR TYPE INFORMATION REQUESTED BELOW

PLEASE DRAW CHECK TO: _____ Date _____

Name/Description: _____

Street Address: _____

City/State/Zip: _____

Social Security No./Vendor No: _____

PLEASE NOTE: Check will be mailed to payee by the Business Office unless otherwise instructed

() Pick up Check

The goods, services or expenses specified on this form
Have been satisfactorily received, rendered or properly incurred
and have not in whole or in parts been included in any previous
certification for payment and now are approved for payment.

Authorized Signature

Authorized Signature

Department

Tel. Ext.

_____ \$ _____
Account Name Account Number Amount of Check

ACCOUNT NUMBER										AMOUNT			CHECK NUMBER			
										DOLLARS		¢				
-	-															
-	-															
-	-															
-	-															

	INITIALS	DATE
Hand Check Drawn By		
Approved for Hand Check		
Accounting		
Accounting Director		