



Prairie State College

Check Request

Distribution of check:

Give check to:

Please list phone extension of person check is being given to in the above box.

Pay to:

VENDOR ID#: (required)

Account Code(s):	Amount(s):
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Total:	<input type="text"/>

Description of Expenditures (attach supporting documents)	Quantity	Unit Price	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total:			<input type="text"/>

Department Name:

Requested by: Date:

Approved by: _____ Date _____