CHECK REQUEST FORM

PAY TO: _____ **VENDOR NUMBER:** _____

DATE: _____

EXPLANATION: _____

_____ **PURCHASE ORDER NUMBER:** _____

Please Indicate:

☐ **Partial Payment of P.O.**

☐ **Complete Payment of P.O.**

Check Box if Applicable

☐ **Pay SC Sales Tax**

Transportation Permit Number(s): _____

_____

ACCOUNT NUMBER

INVOICE NUMBER	FUND	FUNCTION	OBJECT	MODIFIER	LOCATION	AMOUNT
					TOTAL	

SUBMITTED BY: _____

APPROVED BY: _____

DISTRICT FINANCE OFFICE APPROVAL: _____

----------**(BELOW FOR FINANCE USE ONLY)** ----------

DATE OF RETURN: _____ **RETURNED TO:** _____

RETURNED BY: _____

REASON FOR RETURN: _____

_____