

**BAY STATE COLLEGE**  
**Boston, Massachusetts**  
**CHECK REQUEST FORM\***

1 Request Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      2 Payment Due Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

3 Check Amount: \$ \_\_\_\_\_      4 Account Number: 001 - \_\_\_\_\_ - \_\_\_\_\_  
(Additional account allocations may be detailed below.)

5 Payee Name: \_\_\_\_\_  
( Please Print Plainly )

Address: \_\_\_\_\_  
( Street )                      ( City or Town )                      ( State & Zip Code )

Payee's Social Security or Fed. Tax ID Number: \_\_\_\_\_  
( 9 DIGITS REQUIRED )

6 Reason for Expenditure: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7 Requested By: \_\_\_\_\_      8 Approved By: \_\_\_\_\_

**\* SUPPORTING DOCUMENTATION, I.e. RECEIPTS, ESTIMATES, ETC. SHOULD BE ATTACHED.**

Additional Account Number Allocations					
_____ - _____	\$	_____ - _____	\$	_____ - _____	\$
_____ - _____	\$	_____ - _____	\$	_____ - _____	\$
_____ - _____	\$	_____ - _____	\$	_____ - _____	\$

WHITE COPY - A/P    YELLOW COPY - SUPERVISOR    PINK COPY - REQUESTOR