

**ANNE ARUNDEL COMMUNITY COLLEGE
CHECK REQUEST FORM**

This form is used to authorize payment of expenditures that do not require a requisition.

Special Handling Instructions Requested

Hold for Pickup

Interoffice Mail

Mail Attachments with Check

Other Instructions _____

Phone _____

Attn: _____

Mail Stop _____

DATATEL ID/VENDOR #

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DATE:

--

PAYEE NAME (Individual):

Last Name

First Name

IS THE PAYEE A COLLEGE EMPLOYEE? _____ Yes _____ No

I AM AN EMPLOYEE OR STUDENT OF AACC. THE CLAIMED EXPENSES ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND PREVIOUS REIMBURSEMENT HAS NOT BEEN RECEIVED FOR THESE EXPENSES. THESE EXPENSES WERE INCURRED ON BEHALF OF THE COLLEGE.

EMPLOYEE/STUDENT SIGNATURE: _____

IF THE PAYEE IS AN EMPLOYEE OF AACC ANY PAYMENT IN THE FORM OF COMPENSATION FOR SERVICE, GIFT, HONORARIUM OR AWARD MUST GO THROUGH THE PAYROLL OFFICE

PAYEE NAME (Company):

ADDRESS:

ATTENTION:

CITY:

_____ STATE _____ ZIP CODE _____

PURPOSE OF PAYMENT:

AMOUNT: _____

15 DIGIT ACCOUNT NUMBER:

INITIATOR/REQUESTOR:

TELEPHONE:

APPROVAL/SUPERVISOR SIGNATURE:
