

CHECK REQUEST FORM

Date: _____

To: Augustana College
Business Office

Business Office Only

Date Paid: _____

E Check No: _____

From: _____
Department

Phone _____

Please Issue Check To: _____

In The Amount Of: \$ _____

Charge to Account No: _____

Purpose: _____

Please Return Check To: _____

Signature (Person Requesting Check) _____

****PLEASE ATTACH ORIGINAL DOCUMENTATION (I.E. RECEIPTS AND INVOICES, REGISTRATION FORM, ETC.) FOR VERIFICATION OF AMOUNT REQUESTED.**

NOTE: IF A RETURNED COPY OF THIS FORM IS NEEDED, PLEASE FILL OUT IN DUPLICATE.

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