

CHECK REQUEST

Western Texas College
 6200 College Avenue
 Snyder, TX 79549
 (325) 573-8511
 Fax: (325) 573-9321

TO:

SPECIAL INSTRUCTIONS:

- MAIL CHECK
- RETURN CHECK TO ORIGINATOR
- OTHER _____

| PEID # | DEPARTMENT | DATE OF REQUEST | APPROX BAL IN ACCT | DATE REQUIRED |
|--------|------------|-----------------|--------------------|---------------|
| | | | | |

| ACCOUNT NUMBERS | \$ AMOUNT OR % | ACCOUNT NUMBERS | \$ AMOUNT OR % |
|-----------------|----------------|-----------------|----------------|
| 1. | | 5. | |
| 2. | | 6. | |
| 3. | | 7. | |
| 4. | | 8. | |

| ITEM # | QTY. | UNIT | DESCRIPTION | UNIT COST | TOTAL AMOUNT |
|--------|------|------|-------------|-----------|--------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| 11 | | | | | |

TOTAL

| |
|--|
| |
|--|

 SIGNATURE OF PERSON REQUESTING CHECK

 APPROVAL OF DIVISION CHAIRPERSON

 APPROVED BY BUSINESS OFFICE

Submit Original and One Copy to the Business Office