

LOUISIANA DELTA COMMUNITY COLLEGE

FINANCE DEPARTMENT ACCOUNTS PAYABLE CHECK REQUEST

DATE: _____

Please submit to the Purchasing Department for their review. Purchasing will forward to Accounts Payable.

_____ requests a check in the amount of \$ _____

Department name

To be drawn on their account, payable to: _____

Street Address or P. O. Box: _____

City, State, Zip: _____
City State Zip

Description of Payments: _____

DEPARTMENTS(S) to be CHARGED

FUND	ORG	ACCT	PROG	ACTV	AMOUNT

TOTAL _____

CHECK INSTRUCTIONS:

All checks will be mailed. If an exception is being requested, please note below.

_____ **HOLD** check for pick-up
 (special instructions apply)

By whom: _____

Phone #: _____

_____ Attachment(s) to be mailed
 with check (supply and extra copy for the
 Finance Department records).

_____ Requesting Agent

_____ Reviewed by Purchasing

_____ Approving Agent

_____ Finance Approval

- Attach W-9 or Tax I.D. # for new service vendors.
- Need check by: _____ (allow 2 weeks for processing).
date
- Original receipts/invoices must be attached to check request with the exception of agency accounts.
- Sales tax is not reimbursable.
- Checks will be written Tuesday night and Thursday night.
- If grant funds, submit to Grants and Restricted Funds Accountant for compliance with grant contract.
- For checks marked "Hold for pick-up" - Business Office personnel will contact the designated employee when the check is ready to be picked up.

Finance Department Use Only

entered by		date entered	
check no.			

Original copy - Finance Department
 Duplicate copy - Requesting Agent