

BIRMINGHAM-SOUTHERN COLLEGE CHECK REQUEST

SUBMIT ORIGINAL. RETAIN BACK COPY FOR YOUR FILE.					
CHECK PAYABLE TO:			FINANCE OFFICE USE		
Name			Vendor Number		
Address			Due Date		
City, State, Zip					
CHARGE TO:					
FUND	ACCOUNT	OBJECT	AMOUNT	REFERENCE/STUDENT NO.	DATE
TOTAL			ATTACH SUPPORT DOCUMENTATION		
To Cover:					
Special Payment instructions:					
REQUESTED BY:			APPROVED FOR PAYMENT:		
Name					
Dept			Budget Administrator		Date
Box			Finance		Date