

Sauk Valley Community College Check Request

Vendor: _____

Route _____
 check _____
 to: _____

ID#: @000 _____

Requested due date: _____

VENDOR #

1099
 ___ YES ___ NO

INVOICE #

FUND	ORG	ACCT	PROG	ACTV	DESCRIPTION	AMOUNT

**PROPER DOCUMENTATION MUST BE ATTACHED TO THIS FORM
 TO BACK UP THE REQUEST BEFORE A CHECK CAN BE WRITTEN.**

Requested by _____ Date _____

Business Manager _____ Date _____