

SPECIAL REQUEST FORM - DISTRIBUTION OF CHECKS TO VENDORS

TO: FISCAL SERVICES, ACCOUNTS PAYABLE

FROM: _____

School Site/Department

DATE: _____

PURCHASE ORDER NO.: _____ VENDOR NAME: _____

SPECIAL INSTRUCTIONS FOR PREPARING CHECK:

CHECK PAYABLE TO:
(AUTHORIZED SUB-PAYEE OF VENDOR)

INDIVIDUAL CHECK NEEDED FOR THIS EVENT

SPECIAL INSTRUCTIONS FOR DISTRIBUTING CHECK:

HOLD CHECK FOR PICK UP BY: _____ (Name)

PLEASE SEND CHECK TO: _____ (Name/School Site)

DOCUMENTATION TO BE INCLUDED WITH THE PAYMENT*

*Please include documentation in an envelope, this will insure correct paperwork is mailed.
If using window envelope, vendor address on warrant will show in window.
If requesting a different address, please write the address on the envelope.

PREPAYMENT

REMINDER: PLEASE COMPLETE AND INCLUDE REQUIRED SUPPORTING DOCUMENTATION AND OBTAIN NECESSARY SIGNATURE(S) BEFORE SUBMITTING YOUR INVOICES, PAYMENT VOUCHERS, TRAVEL CLAIMS AND REVOLVING CHECKS TO FISCAL SERVICES FOR PAYMENT/REIMBURSEMENT. THANK YOU, FISCAL SERVICES STAFF