SAINT MARY’S COLLEGE
CHECK REQUEST

Check One:  Vendor#: ___________________

___ Mail  ___E-Check (If enrolled: for employees or students only)  Voucher#: __________________
Visit GaelXpress to enroll

___ Hold for Pick Up

Date needed if urgent __________ (Normal processing 7 to 10 business days)
When urgent, hand directly to an AP employee

Payable to ___________________________________________  Amount $ __________________

Address ____________________________________________
___________________________________________________
___________________________________________________

Reason for Issuing _______________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Submit white original to Business Office with appropriate back-up documentation attached. Keep copy for your records.

Department______________________  $__________________
Request by ______________________ $__________________
Extension _______________________ $__________________
Date __________________________

☐ PO NUMBER____________________ (no additional signatures required)
☐ CAR NUMBER__________________ (no additional signatures required)

W9 on file
☐

W9 attached
☐

Authorized Signature __________________________________________

Date __________________________

Authorized Signature __________________________________________

Date __________________________

Original: Business Office  Copy: Department