

FORM: Multiple Vendor Check Request Form

USE: This form is used to request payments for several vendors on one form.

INFORMATION REQUIRED:

Date
Date Needed By
Requested By
Control Officer's Signature
Vendor Number
Vendor Name/Social Security Number
Description (print on check)
Amount
Account Number

WHERE TO RETURN FORM:

Accounting Office
Accounts Payable
Cook Administration Building – 1st Floor
234-4053