

BENNINGTON COLLEGE

CHECK REQUEST

Not for use with Invoices or Reimbursements

Do not use this form for STUDENT or FACULTY honorarium's (these must go to payroll)

Highlighted Items are **Required** Information

PLEASE BE SURE TO ALLOW 3-5 DAYS FOR PROCESSING

TO: ACCOUNTS PAYABLE

FROM: _____

DATE: _____

CHECK REQUIRED BY (DATE): _____ (allow 3 - 5 days for processing)

Please issue a check :

PAYABLE TO: _____

SOCIAL SECURITY # : _____

FOR CONTRACT SERVICES and HONORARIUMS
PLEASE ATTACH SIGNED W-9 FORM. (REQUIRED)

ADDRESS: _____

TELEPHONE NUMBER: () _____ - _____

TOTAL AMOUNT OF CHECK : (Attach Receipts)

Reason for Check: _____

Distribution:

Item Description :	Amount		Department	Sub (expense) Code
_____	_____	10	_____	_____
			5 Digits	5 Digits
_____	_____	10	_____	_____
			5 Digits	5 Digits
_____	_____	10	_____	_____

SPECIAL INSTRUCTIONS: _____

PLEASE CIRCLE ONE TO BE MAILED DELIVER TO: _____

AUTHORIZED SIGNATURE: _____ DATE: _____