

BENNINGTON COLLEGE

CHECK REQUEST

Not for use with Invoices or Reimbursements

Do not use this form for STUDENT or FACULTY honoraria (these must go to Payroll)

PLEASE BE SURE TO ALLOW 3-5 DAYS FOR PROCESSING

TO: Accounts Payable DATE: _____

FROM: _____

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

Please issue a check:

PAYABLE TO: _____

SOCIAL SECURITY or FEDERAL TAX ID #: _____

FOR CONTRACT SERVICES AND HONORARIA PLEASE ATTACH W9 (REQUIRED)

ADDRESS: _____

TOTAL AMOUNT OF CHECK: \$ _____ (Attach Receipts)

REASON FOR CHECK: _____

Distribution:

Item Description	Amount	Department 3 Digits			Sub Expense Code 4 Digits				Program Code 3 Digits			Fund Code 4 Digits			

SPECIAL INSTRUCTIONS: _____

PLEASE CIRCLE ONE: To Be Mailed Deliver To: _____

AUTHORIZED SIGNATURE: _____ DATE: _____