

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 7-10 DAYS FOR PROCESSING

TO: ACCOUNTS PAYABLE DATE: _____

FROM: _____

CHECK REQUIRED BY DATE: _____ (allow 7-10 days for processing)

PLEASE ISSUE CHECK

PAYABLE TO: _____

FOR CONTRACT SERVICES AND HONORARIA, PLEASE ATTACH W9 (REQUIRED)

ADDRESS: _____

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

REASON FOR CHECK:

DISTRIBUTION:

| Item Description | Amount | Department Code 3 Digits | | | Sub Expense Code 4 Digits | | | | Program Code 3 Digits | | | Fund Code 4 Digits | | | |
|------------------|--------|-----------------------------|--|--|------------------------------|--|--|--|--------------------------|--|--|-----------------------|--|--|--|
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SPECIAL INSTRUCTIONS: _____

CHECK WILL BE MAILED
UNLESS CAMPUS
DELIVERY NOTED: _____
Campus Delivery To: _____

AUTHORIZED SIGNATURE: _____ DATE: _____