GRINNELL COLLEGE

Check Request

Vendor #_____

Please issue payment to:

Name _____

Address _____

_____

_____

Payable on _____in the amount of $ _____

Charge to account # **Department** **Amount**

_____

_____

_____

_____

_____

Requested by: _____ Date: _____

Approved by: _____ Date: _____

☐ Mail check to vendor (or)

☐ Return check to: _____@ Box #_____

☐ Hold check for pick up in the Accounting Department

<u>Explanation of Payment:</u>