

# OZARKS TECHNICAL COMMUNITY COLLEGE CHECK REQUEST

REQUEST #: \_\_\_\_\_

VENDOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

VENDOR PHONE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

Requestor \_\_\_\_\_ Date \_\_\_\_\_

Dean \_\_\_\_\_ Date \_\_\_\_\_

Vice-President/President \_\_\_\_\_ Date \_\_\_\_\_

Budget Approval \_\_\_\_\_ Date \_\_\_\_\_

DATE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

FOR: \_\_\_\_\_

DATE CHECK REQUIRED: \_\_\_\_\_

ACCOUNT NUMBER TO BE CHARGED \_\_\_\_\_

SPECIAL INSTRUCTIONS:

QTY	UNIT	DESCRIPTION	UNIT PRICE	AMOUNT
			<b>TOTAL AMOUNT</b>	<b>\$0.00</b>

*Please use Pink paper stock when printing.  
It can be obtained from the OTC Print Shop.*