

OZARKS TECHNICAL COMMUNITY COLLEGE CHECK REQUEST

REQUEST #: _____

VENDOR: _____

ADDRESS: _____

VENDOR PHONE: _____

APPROVED BY: _____

Originator _____ Date _____

Supervisor _____ Date _____

Dean _____ Date _____

Vice-Chancellor/Chancellor _____ Date _____

Budget Approval _____ Date _____

DATE: _____

DEPARTMENT: _____

FOR: _____

DATE CHECK REQUIRED: _____

ACCOUNT NUMBER TO BE CHARGED _____

SPECIAL INSTRUCTIONS:

| QTY | UNIT | Description | UNIT PRICE | AMOUNT |
|-----|------|-------------|-------------------------|--------|
| | | | | |
| | | | TOTAL AMOUNT | |