

# CENTENARY COLLEGE OF LOUISIANA

## CHECK REQUEST

- Invoice
- Reimbursement
- Advance

PLEASE PRINT TO ENSURE ALL INFORMATION IS PROCESSED CORRECTLY

Please Prepare a Check Payable To \_\_\_\_\_ Cent ID# \_\_\_\_\_

Mail To Address (if different than on invoice) \_\_\_\_\_

Campus Mail Box/Department \_\_\_\_\_

Notify When Check is Ready to Pick up at Business Office  Call  Email \_\_\_\_\_

Special Request: \_\_\_\_\_

PURPOSE OF PAYMENT \_\_\_\_\_

The event with which these expenses are associated occurs in FY \_\_\_\_\_

Is this expense grant related? \_\_\_\_\_ Which grant? \_\_\_\_\_

FUND (5 DIGITS)	ORG (4 DIGITS)	ACCOUNT (5 DIGITS)	PROG (2 DIGITS)	ACTIVITY (6 DIGITS)	AMOUNT
					\$
					\$
					\$
					\$
					\$
<b>INVOICE TOTAL</b>					<b>\$</b>

REQUESTED BY \_\_\_\_\_ DEPT \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED BY (UNDER \$1,000) \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED BY (OVER \$1,000) \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED BY (OVER \$5,000) \_\_\_\_\_ DATE \_\_\_\_\_

**THIS FORM IS NOT FOR RETURNING/CLEARING OUT ADVANCES (RECEIPTS ETC)**