

BARNARD COLLEGE CHECK REQUEST

ENTERED BY	
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ID / VENDOR NO.	IF CHECK IS NOT TO BE MAILED, RETURN TO:	MARK HERE THAT ENCLOSURES ARE TO BE MAILED WITH CHECK ATTACHED	VOUCHER NO.
PAYEE		THIS FORM DOES NOT AUTHORIZE PAYROLL PAYMENTS TO EMPLOYEES OR PAYMENTS AGAINST PURCHASE ORDERS. A SOCIAL SECURITY NUMBER IS REQUIRED BY LAW IF PAYMENT IS FOR PERSONAL SERVICES (HONORARIA, INDIVIDUAL PROVIDERS OF GOODS AND SERVICES, ETC)	
STREET ADDRESS	ADDITIONAL ADDRESS INFORMATION		
CITY	STATE ZIP / COUNTRY		
DEPARTMENT / ACCOUNT NAME		PRINT OR TYPE NAME	EXTENSION
BLDG. / ROOM NO.		APPROVED (SIGNATURE OF PERSON AUTHORIZED TO APPROVE EXPENDITURES)	DATE

IF DISTRIBUTION IS MORE THAN SIX ACCOUNTS, ATTACH LIST

INVOICE NO.	INVOICE DATE	DESCRIPTION - <small>UP TO 30 CHARACTERS PRINTED ON CHECK STUB PER ITEM USE MORE THAN ONE LINE IF NECESSARY</small>	ACCOUNT NUMBER	AMOUNT
TOTAL				

<p style="color: red; font-size: small;">ADDITIONAL EXPLANATION / INSTRUCTIONS</p>	<p style="color: red; font-size: small;">SUPPORTING DOCUMENTS, RECEIPTS & ITEMIZATIONS, MUST BE ATTACHED. INCLUDE ADDING MACHINE TAPE IF MORE THAN ONE INVOICE OR RECEIPT.</p>
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