SISSETON WAHPETON COLLEGE CHECK REQUEST

Fund Acct. Number: _____

MANDATORY

Print or Type Name:_____

Requesting Signature:_____ Date_____

SPECIFY: ☐ (Urgent - next day) ☐ (Emergency - Same day) ☐ (Regular - Friday)

Must specify or the Check will be included on the Friday run

DESCRIPTION	AMOUNT

$0.00

Vendor name:_____

Address:

_____ _____

Grant PI/PD Date

_____ _____

Authorized Signature Date

(If **$500.00 or over**, the President must sign, under $500.00 the CFO must sign)
WRITTEN JUSTIFICATION MUST BE PROVIDED FOR URGENT OR EMERGENCY REQUESTS, OR THE CHECK WILL BE INCLUDED WITH THE FRIDAY RUN.

Save Print Clear Form