Southeastern University

Check Requisition

Date: / /

(Name of Payee) (Vendor#)

(Address)

(City) (State) (Zip)

Purpose for which check is to be used:

Department requesting payment Ext. #

REQUESTED BY

Additional Comments:

BUSINESS OFFICE USE ONLY

CHECK DATE / /

CHECK NO

DEPARTMENT:

UNRESTRICTED **10 -** - - -

CAPITAL **11 -**

TEMP RESTRICTED **12 -**

AGENCY **30 -**

OTHER

AMOUNT $

INVOICE# DATE: / /

APPROVAL