

CHECK REQUEST

Office of The Baruch College Fund - Box D-0601
One Bernard Baruch Way, New York, NY 10010

Please type or print legibly

Date _____

NAME OF GRANT / AWARD / SCHOLARSHIP _____

Requested by _____ College Box Number _____ Telephone Extension _____

Type of Payment: *(check appropriate category)*

Award Recipient Advance Reimbursement Vendor Payment Honorarium & Professional Fees

Payee Name _____ SS# _____

Mailing Address _____

Amount Request _____ /100 Dollars \$ _____

Description: Give complete specifications. Attach original receipts, invoices and/or appropriate expense vouchers.

Remit payment to: Payee at above address Hold for Pick-up

Forward to _____
(print name) (College Box Number)

AUTHORIZED SIGNATURES

Receiver of Goods: I certify that the goods or services specified above have been received or performed

(Name of Grantee-Prin. Invest.-Prog. Admin.) (Signature)

ADDITIONAL APPROVAL (if required)

(Name and Title) (Signature)

DO NOT WRITE BELOW THIS LINE-FOR ACCOUNTING OFFICE USE ONLY

APPROVAL

By _____ Date _____
BCF Director

Approved by Accounting Dept. _____ Date _____
Documents are in order

Approved by Controller _____ Date _____
Funds Available

Account Number _____ Date _____

Account Number _____ Expense Code _____
Optional

Check Amount _____ Check Number _____ Date _____

Re-issue-check number _____ Date _____ Received _____