

Rancho Santiago Community College District
2323 N. Broadway
Santa Ana, CA 92706-3398

REQUEST FOR CHECK

Pay To: _____ Amount \$ _____

Employee ID #: _____ Acct. # _____ Pseudo #: _____

Return check to: Staff Name: _____ Phone #: _____
Department: _____ Campus: _____

Mail check to vendor: Vendor Address: _____

FOR THE FOLLOWING PURPOSE:

- Cash Purchase Reimbursement (*attach original receipts and explain below*)*
- Payroll (*explain below*)
- Other (*explain below*)

Explanation: _____

Requested By:	Approved by Authorized Administrator:**	Fiscal Services Approval:
_____ Signature	_____ Signature	_____ Signature
_____ Name and Title	_____ Name and Title	_____ Name and Title
_____ Date	_____ Date	_____ Date

* Failure to provide required documentation will result in form being returned.
** Employees cannot sign for themselves.

For Accounting Department Only:

Payroll Revolving Check B-Warrant