



# CHECK REQUISITION FORM

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Date Requested: \_\_\_\_\_

### Vendor Name and Address

Make Check Payable To: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Check Routing (Must be a Friday Date)

Pick Up Date: \_\_\_\_\_

By Whom: \_\_\_\_\_

Send Out Date: \_\_\_\_\_

Send Attachments

### Detailed Description of Purchase

### Account Number

### Amount

(Date, purpose, event, athletic opponent, etc.)

Total of Check: \_\_\_\_\_

Requested by: \_\_\_\_\_  
Signature Date

Dept./Budget Officer: \_\_\_\_\_  
Signature Date

Council (\$500 & over): \_\_\_\_\_  
Signature Date

1099 **Business Office Use Only**

\_\_\_\_\_  
Signature Date

**Date to be Paid:** \_\_\_\_\_

Please print and return signed form to the Business Office. Questions? Please contact the Business Office at 8128.