

Waldorf University  
106 South Sixth Street  
Forest City, Iowa 50436

# CHECK REQUISITION FORM



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:	<input type="text"/>

**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.

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