

# VOLUNTEER STATE COMMUNITY COLLEGE

## Check Request

Date \_\_\_\_\_

Payee/Vendor \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City/State \_\_\_\_\_

Zip \_\_\_\_\_

Vendor Number _____ Amount _____ Date Check Needed _____
<p style="text-align: center;"><b><u>To be completed by Business Office:</u></b></p> Document Number _____ Entry Date _____

### Purpose

I am being asked to travel on behalf of VSCC. The advanced cash outlay required for this trip places a financial burden on me. For that reason, I am requesting a travel advance. I understand if I do not make the trip, those proceeds must be returned to VSCC immediately. I further understand money advanced will be deducted from the amount due to me as a result of this trip. **(Please note that if this box is checked, the check request must be signed by the person who will be traveling).**

**Account Code Information:**

**COA**       Vol State       Foundation

**FOAP**    →    **Fund** \_\_\_\_\_    **Organization** \_\_\_\_\_    **Account** \_\_\_\_\_    **Program** \_\_\_\_\_

or

**Index**    →    **Index** \_\_\_\_\_    **Account** \_\_\_\_\_

**IMPORTANT NOTE:** SUBMISSION FOR PROCESSING OF THIS CHECK REQUEST IS ACKNOWLEDGEMENT THAT THE GOODS AND/OR SERVICES FOR WHICH THIS DOCUMENT HAS BEEN COMPLETED HAVE BEEN RECEIVED BY THE INSTITUTION.

**Check Disposition (Mark only one option)\***

**Option 1**    \_\_\_\_\_ Mail to address shown above    \_\_\_\_\_ Backup information attached to mail with check

**Option 2**    \_\_\_\_\_ Email for pickup    Name \_\_\_\_\_    Email Address \_\_\_\_\_

\*Please note that employee reimbursements are now issued as direct deposit to your bank account. Checks eligible for pick up in the Business Office include checks for bands, speakers, food, car tag renewal, travel advance, conference registration, and hotel payments. All others will be mailed.

Requested by \_\_\_\_\_ Date \_\_\_\_\_

Dean/Dept. Head/Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Vice President, Division \_\_\_\_\_ Date \_\_\_\_\_

VP, Business and Finance \_\_\_\_\_ Date \_\_\_\_\_

President \_\_\_\_\_ Date \_\_\_\_\_

**Attach copies of invoices, sales slips, requisition on prepaid expenses, or meal reimbursement request form if applicable.**