## **Check Request**

Credit Card Request (per <u>Check Request & Credit Card Guidelines</u>)



					HAKIT	NELLCOLLEGE
Date:						Central Avenue nas, CA 93901
REQUESTER INI	FORMATION				Salli	Ids, CA 93901
Name:						
Dept:		Ext:				
PAYMENT INFORMATION (Please Note: When paying multiple student stipends, list in alpha order by last name.)						
Colleague ID:		Provide the	Colleague ID fo	r the payment recipi	ent listed	below.
Name:						
Address:						
City:		State:	ZIP:			
Country:						
	L					
Doc ID*	Description		GL / Account Number		A	mount
*Confirmation# / Invoi	ice# / Order# / etc				Total:	
Additional Information / Comments:						
1st Dean/Director/Budget Manager Date						
2nd Dean/Director/Budget Manager (if applicable)				Date		
VP/President (w/	hen required)			Date		