BOSSIER PARISH COMMUNITY COLLEGE
FINANCE DEPARTMENT

ACCOUNTS PAYABLE CHECK REQUEST

DATE: _____

Please submit to the Purchasing Department for their review. Purchasing will forward to Accounts Payable.

_____ requests a check in the amount of $_____
Department Name

To be drawn on their account payable to: _____

Street Address or P.O. Box: _____

City, State, Zip: _____

Description of Payment: _____

_____

_____

DEPARTMENT(S) TO BE CHARGED

Account Number And Object Code	**Amount**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL	_____

CHECK INSTRUCTIONS

All checks will be mailed. If an exception is being requested, please note below

_____ **Hold check for pick up**
(Special restrictions apply)

By whom: _____

Phone Number: _____

_____ **Attachments to be mailed with check (supply an extra copy for the Finance Department records)**

Effective July 1, 2009, the employee will be held responsible for paying Bossier Parish Community College a $45.00 stop payment processing fee if the same check has to be issued more than twice.

_____ _____
Requesting Agent **Reviewed by Purchasing**

_____
Approving Agent

- Attach W-9 or Tax I.D. # for new service vendors.
- Need check by _____ (allow 2 weeks for processing).
  (date)
- Original receipts/invoices must be attached to check request with the exception of agency accounts.
- Sales tax is not reimbursable.
- Checks will be written Monday night and Wednesday night.
- If grant funds, submit to Grant Accounting Technician for compliance with grant contract.
- For checks marked "Hold for Pick Up", Business Office personnel will contact the designated employee when the check is ready to be picked up.

Original Copy – Finance Department
Duplicate Copy – Requesting Agent

*****Finance Department Use Only*****

Entered by		Date entered	
Check No.			