## **BOSSIER PARISH COMMUNITY COLLEGE**

## FINANCE DEPARTMENT ACCOUNTS PAYABLE CHECK REQUEST

DATE:				-				
Please subi	nit to the Pu	rchasing De	partment fo		_	ill forward to Accounts Payable.		
				requests a check in the amount of \$				
o bo draw	Departme n on their acc		ala ta					
io be diaw	ii oii tileli att	Journ, payar	Jie to.					
treet Addr	ess or P. O. B	Box:						
City, State,	Zip:							
Description	of Payments	::			City	State Zip		
	DEDA		C/C) to bo	CHARCE		CUTOV INICTRIJETIONS.		
FUND	DEPARTMENTS(S) to be ORG ACCT PROG			ACTV AMOUNT		CHECK INSTRUCTIONS:		
FUND	ONG	ACCI	PROG	ACTV	AIVIOUNI	All checks will be mailed. If an exception		
						is being requested, please note below		
						HOLD check for pick-up		
						(special instructions apply)		
						By whom:		
						Phone #:		
						Attachment(s) to be mailed		
				TOTAL		with check (supply and extra copy for the Finance Department records).		
Requesting Agent				-		Reviewed by Purchasing		
Approving Agent				-		Finance Approval		
	A++ a ch \ \ \ \ \	or Tay I D +	t for now so	avica vandar	·c			
)	Attach W-9 or Tax I.D. # for new service vendors.  Need check by: (allow 2 weeks for processing).							
		~ / .	da	ite	(4			
	Original receipts/invoices must be attached to check request with the exception of agency accounts.							
)	Sales tax is not reimbursable.							
	Checks will be written Tuesday night and Thursday night.							
)	If grant funds, submit to Grants and Restricted Funds Accountant for compliance with grant contract.							
$\supset$	For checks marked "Hold for pick-up" - Business Office personnel will contact the designated employee when the check is ready to be picked up.							

## \*\*\*Finance Department Use Only\*\*\*

entered by	date entered	
AP Document #		

Original copy - Finance Department Duplicate copy - Requesting Agent