

Rancho Santiago Community College District
2323 N. Broadway
Santa Ana, CA 92706-3398

REQUEST FOR CHECK

Pay To: _____ Amount \$ _____

Employee ID #: _____ Acct. # _____

Return check to: Staff Name: _____ Phone #: _____

Department: _____ Campus: _____

Mail check to vendor: Vendor Address: _____

FOR THE FOLLOWING PURPOSE:

Cash Purchase Reimbursement (*attach original receipts and explain below*)*

Payroll (*explain below*)

Other (*explain below*)

Explanation: _____

Requested By:

Approved by Authorized Administrator:**

Fiscal Services Approval:

Signature

Signature

Signature

Name and Title

Name and Title

Name and Title

Date

Date

Date

* Failure to provide required documentation will result in form being returned.

** Employees cannot sign for themselves.

For Accounting Department Only:

Payroll Revolving Check

B-Warrant