

College Auxiliary Services, Inc.
Agency Account Check Request Form

Form must be filled out in original & duplicate. Attach invoice(s) to original copy. Duplicate copy will be returned.

VENDOR ID: _____

DATE: _____

PAY TO: _____

ADDRESS: _____

	<u>INVOICE DATE</u>	<u>INVOICE #/ REF.</u>	<u>ACCOUNT # / ACCOUNT NAME</u>	<u>AMOUNT</u>
1.	_____	_____	_____	\$ _____
2.	_____	_____	_____	\$ _____
3.	_____	_____	_____	\$ _____
4.	_____	_____	_____	\$ _____
	TOTAL	_____	_____	\$ _____

CAS OFFICE USE ONLY:

REQUIRED SIGNATURES:

Entered by: _____

Check# _____

Date: _____

Account Owner/Other Auth. Signor _____

Account Owner's Supervisor _____

Business Affairs Approval* _____

** Business Affairs approval is only needed when expense reimbursements in excess of \$1,000 are made to an authorized signor.*