DIRECT PAY REQUEST

TO: Accounts Payable

FROM:

DATE:

SUBJECT: Check Request

Please process a check as follows:

Payee	
Vendor Address	
Vendor Number	
Account Number	
Amount	$
Account Number	
Amount	$
Account Number	
Amount	$
Give Check To	
Document Attached	
Remarks	

I certify that the above expenses were incurred by me in fulfillment of my duties to Coast Community College District, that the amounts shown conform to the district policies, board policies, and administrative procedures, and that no amounts have been or will be submitted for reimbursement elsewhere.

Originator Approval	

Supervisor Approval	
Fiscal Approval	