

## **Controller's Office Check Requisition Form**

Requisition #		Date	
Amount of Check			
Payee		Address	
Student ID			
	ACCOUNTI	NG DISTRIBUTION	
FUND DEPARTM	ENT	ACCOUNT	AMOUNT
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Reason for Check Requisitio	n:		
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HANDLING INSTRUCTIONS	<u> </u>		
■ Mail ■ Pich	<mark>c Up</mark>		
Person to Pick Up:			
Telephone # of Person Pickir			
Date Needed:			
Approved by:			
Title:			
Department:			