Coastal Carolina Community College

Check Request

Vendor/Payee Name: _____ Date Needed: _____

Telephone Number: _____

Address: _____

_____

Special Instructions

(Ex. Mail check, hold & call when ready)

_____

_____

GL Code	Invoice/Reference #	Subtotal	Tax	Invoice Total
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00

Total Check Request: 0.00

Requestor	Date	Supervisor	Date
Director/Division Chair	Date	Chief Financial Officer	Date
Vice President	Date	President	Date

Revised: 12/24/2025