

REQUEST FOR CHECK

LA SALLE CATHOLIC COLLEGE PREPARATORY

11999 SE Fuller Rd., Milwaukie, OR 97222-1291

Requestor: _____ Date: _____ Account# _____

Department: _____ PayTo: _____

QTY	DESCRIPTION	UNIT PRICE	TOTAL
TOTAL CHECK REQUESTED			

_____ Date Check Needed

_____ Vice President of Finance Authorization

PLEASE CHECK ONE OF THESE:

Mail Check Mail w/ Attached

**Note: All AP checks are mailed unless instructed otherwise*

Leave Check in my Mailbox for Handling

Business Office to Pay Vendor by Credit Card

_____ Requesting Department Head Authorization