

EMMAUS BIBLE COLLEGE

* * CHECK REQUISITION * *

(For cash advances prior to an event OR payments to vendors when invoices are not issued)

Date Needed: _____

PAYABLE TO: _____

City: _____ State _____ ZIP _____
(if new vendor, must have address)

Vendor # : _____ Type: _____ 1099: _____

SPECIAL INSTRUCTIONS:

Return check to: _____

Copy for: _____

Requisition or Invoice Date	Check Run Date	Account #	Item Description	Amount

TOTAL \$ _____

Disbursement Purpose: _____

Memo on Check Advise: _____

Requested by: _____

Approved by: _____

Note: Please use an expense report
 for all employee reimbursements