

MUSKINGUM
UNIVERSITY

CHECK REQUEST

Date _____

Vendor/Payee _____

Address _____

City/State/Zip _____

Mail _____

Pick up _____

A / P Use Only	
Voucher #	_____
Voucher Date	_____
Vender #	_____

Amount _____

Invoice # _____

Invoice Date _____

Description of Expense _____

Special Payment Requests _____

G/L Account #	G/L Account Name	Amount

Requested by _____

Dept. Approval _____

Bus. Office _____

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