**COLLIN COUNTY COMMUNITY COLLEGE DISTRICT**

**CHECK REQUEST**

**REQ 10000**

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**PAYEE:** (1)  
**Originator:** (3)

**ADDRESS:** (2)  
**APPROVED BY:**  
Cost Center Manager (4)  
Business Office/ Budget Availability

**CONTRACT P.O. #:**

**VOUCHER NO.** | **ACCT. NUMBER** | **TC** | **INVOICE NUMBER** | **DESCRIPTION** | **INVOICE DATE** | **AMOUNT** |
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**1099 CODE = [ ]-N OR [ ]-P**  
**TOTAL $**  
**SPECIAL HANDLING:** (10)

Please check one:  
[ ] CPC  
[ ] RETURN CHECK TO:__________@ CAMPUS: [ ] SCC  
[ ] MAIL CHECK (Include address) [ ] CYC  
[ ] MAIL CHECK WITH ATTACHMENT (Include address) [ ] PRC

**DISTRIBUTION:**  
WHITE - BUSINESS OFFICE  
CANARY - COST CENTER MANAGER (11)

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(1) Name of individual, business, or organization  
(2) Payee's address (must be included for the check to be issued)  
(3) Person responsible for originating the request  
(4) Cost center manager's signature  
(5) If payment is on a contract PO, indicate PO number  
(6) Ten digit account number to be charge  
(7) If an invoice is attached, the invoice number should be entered here  
(8) Brief description of the purpose for payment (Ex: subscription, membership, postage, etc.)  
(9) Amount of payment requested  
(10) Any special instructions for processing (Ex: check needed by [specific date])  
(11) Indicate whether to mail the check, mail with attachment (please provide attachment), or if the check should be returned to a staff member (indicate name and campus)

**Do NOT write in shaded areas. These are reserved for Business Office use only.**