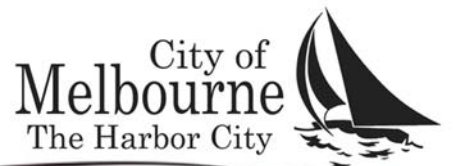


Accounts Payable
Financial Services Department
Phone : (321) 608-7026 | Fax: (321) 608-7048



CHECK REQUEST

FISCAL PERIOD/YEAR _____

DUE DATE _____

VENDOR # _____

SINGLE CHECK: YES NO (If checked Yes—MUST be HIGHLIGHTED)

INVOICE NUMBER	ORG	OBJECT	PROJECT NUMBER	AMOUNT
TOTAL AMOUNT				

DESCRIPTION:

ISSUE CHECK TO:

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

(If below is checked —MUST be HIGHLIGHTED)

MAIL ATTACHED DOCUMENTATION

(Except for remit slips, requesting department should attach a copy of documentation along with original)

OTHER INSTRUCTIONS: _____

AUTHORIZED SIGNATURE OF APPROVAL

DATE