JONES COUNTY JUNIOR COLLEGE
REQUEST FOR CLUB CHECK

DATE: _____

PAY TO : _____

TIN OR SSN: _____

ADDRESS: _____

_____

_____

DATE CHECK REQUIRED :

*** PROCESSING TIME IS FOUR DAYS FROM RECEIPT BY ACCOUNTING DEPT.**

PURPOSE OF PAYMENT	**ACCOUNT TITLE AND ACCOUNT NUMBER ***	AMOUNT
	*** REQUIRED**	$

SELECT ONE:

_____ PICK UP(FROM ANGELA TICE IN THE ACCOUNTING OFFICE)

_____ MAIL (STAMPED ENVELOPE REQUIRED)

ORIGINATOR	DATE	ACCOUNTING OFFICE APPROVAL	DATE
DEPARTMENT DIRECTOR	DATE	CHECK RECEIVED BY:	DATE