

Check Request

DATE 2/8/17

A/P USE ONLY	VENDOR NO.	A/P USE ONLY
SSN#: (use only if vendor name is a person)		Invoice #:
VENDOR NAME:	Regina Carter-Garnett Regina Violin LLC	Invoice Date:
VENDOR ADDRESS:	39 E Hunter Avenue Maywood, NJ 07607	Due Date:
		A/P Initials:

ACCOUNT NUMBER:	15-27400-5444-753 Regina	AMOUNT \$	6,500.00
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TOTAL DOLLAR AMOUNT:			\$ 6,500.00

DESCRIPTION: Balance due for the Regina Carter performance on 2/24/18 in the Wentz Concert Hall
 Please **HOLD FOR PICK UP ON OR BEFORE 2/23/18**

INITIATOR: Tami Kidd-Brown	EXTENSION: 5365
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DEPARTMENT NAME:

APPROVAL:

Department Head/Date,	Business Office/Date
PROCEDURES:	<p><input type="checkbox"/> Attach supporting documentation to this form. When a copy of the backup is required to be mailed with the check, include the original and an additional copy.</p> <p><input type="checkbox"/> Be sure that all forms are TYPED AND COMPLETELY FILLED OUT or request will be returned.</p> <p><input type="checkbox"/> Checks will be available for mail or pick-up on Friday for requests received by 3:00 p.m. on the previous Friday.</p> <p><input type="checkbox"/> If the check is to be picked up, please be sure to include your phone extension on this form and indicate in the “Special Instructions” box below that the check should be held for pick up. Otherwise the check will be mailed.</p>
SPECIAL INSTRUCTIONS:	<p>PLEASE HOLD FOR PICK UP ON OR BEFORE 2/23/18</p>

FORWARD TO ACCOUNTS PAYABLE