

FORM: Multiple Vendor Check Request Form

USE: This form is used to request payments for several vendors on one form.

**INFORMATION REQUIRED:**

Date  
Date Needed By  
Requested By  
Control Officer's Signature  
Vendor Number  
Vendor Name/Social Security Number  
Description (print on check)  
Amount  
Account Number

**WHERE TO RETURN FORM:**

Accounting Office  
Accounts Payable  
Cook Administration Building – 1<sup>st</sup> Floor  
234-4053