

### Check Request Form

Date: \_\_\_\_\_

To: Augustana College  
Business Office

|                      |       |
|----------------------|-------|
| Business Office Only |       |
| Date Paid:           | _____ |
| E Check No:          | _____ |

From: \_\_\_\_\_  
Department

\_\_\_\_\_ Phone

Please Issue Check To:  
(Please include ID Number) \_\_\_\_\_

In The Amount Of: \$ \_\_\_\_\_

Charge to Account No: \_\_\_\_\_

Purpose: \_\_\_\_\_

Please Return Check to: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**\*\*Please attach a copy of your documentation for verification of amount requested.  
(I.E.: Receipt, invoice, registration form, etc.)**

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