



SHARE YOUR PASSION.

Acct Descr.	
Account #	
Vendor #	
Batch Mo.	

Check Request

Contract attached
 Expense receipts attached
 Invoice attached (I didn't fill out a PO)

Employee Purchaser: _____ Date: _____

DEPT: _____

EVENT/ PURPOSE: _____ FY: _____

Vendor Information:

Name _____

Address _____

**** Please note address changes or specific mailing/ delivery instructions here**

Invoice Information: Invoice Date _____ Invoice Number _____

Item #	Qty	Item Description (what is it/ what is it for)	Unit Price	Total
Shipping:		Shipping Cost:	Total amount	

Department Approval: _____ Date: _____

CFO/ President Approval: _____ Date: _____

You can submit completed forms to the following email for processing accountspayable@vandercook.edu with your electronic signature and date or return paper copy to business office.