Check Request Form

Date: _____

To: Augustana College
     Business Office

<table>
<tr><td colspan="2">Business Office Only</td></tr>
<tr><td>Date Paid:</td><td>_____</td></tr>
<tr><td>E Check No:</td><td>_____</td></tr>
</table>

From: _____   _____
          Department   Phone

Please Issue Check To: _____

In The Amount Of: $ _____

Charge to Account No: _____

Purpose: _____

_____

Please Return Check to: _____

Authorized Signature: _____

*Please attach original receipts and a copy of your documentation for verification of amount requested. (i.e.: invoice, registration form, etc.)

Note: If a returned copy of this form is needed, please fill out in duplicate.

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