

San Joaquin Delta College
Direct Pay

PAYMENT REQUEST

Please allow 5 working days for processing.

INVOICE MUST accompany this form.

Date _____

Payee _____

Address _____

City _____ State _____ Zip _____

If payment for service SS# _____ / _____ / _____

In the amount of \$ _____

_____ Dollars & _____ Cents

In payment of _____

Charge to:

Account Name _____ Account Number _____

Requested by: _____

Approved by: _____

(Advisor or Department Manager Only)

Special Instructions _____

Routing: Mail Advisor's Box Inter Office to: _____

Other _____

FOR ACCOUNTING DEPARTMENT USE ONLY

Date Paid _____ Check Number _____

Processed by _____

Accounting – White

Advisor or Mgr – Yellow

Requestor – Pink