



PAYMENT REQUEST

San Joaquin Delta College

Please allow 5 working days for processing.

INVOICE MUST accompany this form. Date _____

Payee _____

Address _____

City _____ State _____ Zip _____

If payment for service SS# _____/_____/_____ (W-9 must be on file)

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

Note: All checks will be mailed unless there are instructions for special handling. Appropriate ID is required for special handling.

FOR FISCAL SERVICES USE ONLY

Date Paid _____ Check Number _____

Processed By _____