



Controller's Office
 7000 Dandini Boulevard, RDMT 318
 Reno, NV 89512
 (775) 674-7155 phone
 (775) 673-7085 fax

FOR CONTROLLER'S OFFICE USE ONLY	
DOC ID PV	_____
DATE ENTERED	_____
INITIALS	_____

REQUEST FOR CHECK

INSTRUCTIONS FOR USE: Submit this form to the Controller's Office at least 72 hours before the check is needed. If the payment is for reimbursement of cash paid items, attach the original receipts or sales slips. New vendors should attach a Form W-9 and Vendor Application Form (available on the TMCC Controller's Office website, <http://www.tmcc.edu/controller/>).

NOTE: In all cases of payments for personal services or other payments subject to reporting for income tax purposes the payee's Social Security or Employer Identification number must be shown before payment can be made. *WHEN IN DOUBT, SHOW THE NUMBER.*

PLEASE ISSUE AND MAIL CHECK TO:

VENDOR CODE	DATE
VENDOR NAME	SOCIAL SECURITY OR TAX IDENTIFICATION NUMBER
ADDRESS LINE 1	ADDRESS LINE 2
CITY	STATE
ZIP CODE	TOTAL AMOUNT OF CHECK

DISPOSITION OF CHECK IF NOT MAILED

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ACCOUNT(S) TO BE CHARGED

FUND	AGCY	ORGN	OBJT	SOBJ	BACC	DESCRIPTION	AMOUNT

IN PAYMENT OF THE FOLLOWING:

	AMOUNT

APPROVALS

REQUESTED BY:	DATE	APPROVED BY:	DATE