

Whittier College--Main Campus

Accounts Payable Check Request

ID Number	Invoice Number	Total Amount	Date	Due

Student ☐ Staff ☐ None ☐

1099 Reportable Earning: ☐

Social Security # - -

Amount	Fund						Org.					Acct.					Description
Name											Street						
City									State		Zip			c/o			

Mail

Pickup

Requested By: (Print Name)	Budget Manager: (Print Name)
Employee/Student ID#:	Signature
Signature:	