Oklahoma Baptist University
Check Request

ISSUE TO:

Name

Address

OBU ID#

SSN/TID

- [ ] Mail to vendor
- [ ] Return to OBU Box_____
- [ ] Pick up at Cashier
- [ ] Other: _____

Date Requested:

Description	Total	Account Number
Total		

_____ Approved _____

Requesting Dept/Officer *Dept Head/Organization Sponsor*

Date _____

Business Office Use Only:

Bank ID _____ Cert. that funds are available _____

1/14/2014 9:47 AM