JACKSON STATE COMMUNITY COLLEGE CHECK REQUISITION

				Date:	
DEPT		_			
Chart	Fund	Org	Account	Program	
ACCT TITLE					

Please draw check(s) to individuals or firms listed below:

DATE OF CHECK	CHECK NO.	PAYEE (GIVE ADDRESS)	PURPOSE	AMOUNT
				Total \$
		IF POSSIBLE ATTACH COPIES ON INVOICE	S, SALES SLIPS, ETC.	

<u>APPROVED</u>

REQUISTIONER and/or DEPARTMENT HEAD

DEAN and/or VICE PRESIDENT

VICE PRESIDENT/Financial & Administrative Affairs