



TSCC Check Request

Supplier Number

Supplier Classification

Vendor

Employee

Student

Name:

Attn:

Apt/Suite #:

Street Address:

City:

State:

Zip:

E-Mail Address:

Entity	Acct	Fund	Org	Category	Program	Activity	Location	Future	Amount
TSCC								0000	
TSCC								0000	
TSCC								0000	
TSCC								0000	
TSCC								0000	
TSCC								0000	
TSCC								0000	
TSCC								0000	
TOTAL									

Directions:

- Complete TSCC chart of account values above
- Provide detailed description below
- Attach invoice or receipts with proof of payment

Description

Approval

Your signature below indicates that the expense was purchased for an authorized need. The approver's signature below approves payments through the specific chart of accounts provided and confirms that the funds have been allocated and are available.

Department Approver
Signature

Print Name

Extension

Date

TSCC Approver
Signature

Print Name

Extension

Date