Please attach supporting documentation

Check will be mailed to payee unless other instructions are given.

Hold check for pick up or alternative mailing instructions (please provide details below).

Cornell College
Business Services Office
Mount Vernon, Iowa

***VOUCHER:* Request for Payment**   Date: _____

Pay to: _____   W - 9:   on file
    (Name of Company or Individual)
_____   attached
    (Address)
_____   exempt (student/employee, government, or registration refunds)
    (City, State, Zip Code)

Account to be charged: _____ Account # _____ - _____ - _____ - _____ Amount $_____

Account to be charged: _____ Account # _____ - _____ - _____ - _____ Amount $_____

Account to be charged: _____ Account # _____ - _____ - _____ - _____ Amount $_____

***Total Check Amount:* $_____**

Description:

Departmental Approval: _____ Submitted by: _____

Business Office Approval: _____ Cash Received: _____

IRS Form 1099 Required: NO/YES

Use this space for optional mailing or handling instructions. Please also check box above (top of page).

  Hold check for pick up and call ext. _____ when ready.

  Send check to _____ at campus box #_____

  Other _____