

CASH PAYMENT REQUISITION  
PARIS JUNIOR COLLEGE

Special Instructions:

PLEASE PAY\_\_\_\_\_

MAILING ADDRESS\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CK. NUMBER \_\_\_\_\_

ACCT. # \_\_\_\_\_

AMOUNT \_\_\_\_\_

DATE OF CHECK \_\_\_\_\_

VENDOR NUMBER \_\_\_\_\_

REQ. # n \_\_\_\_\_

DATE \_\_\_\_\_

| DESCRIPTION |  | AMOUNT |  |
|-------------|--|--------|--|
|             |  |        |  |
|             |  |        |  |
|             |  |        |  |
|             |  |        |  |
|             |  |        |  |
|             |  |        |  |
|             |  |        |  |

REQUESTED BY :

APPROVED FOR PAYMENT: