

PAYMENT REQUEST



FIORIELLO H. LAGUARDIA COMMUNITY COLLEGE
31-10 THOMSON AVENUE, LONG ISLAND CITY, N.Y. 11101

Date

HOLD FOR PICKUP

PAYEE

(PRINT NAME)

ADDRESS

CITY

STATE

ZIP

TYPES OF PAYMENT

Business Office Use Only				
Name of Account	Account No.	Date Check No.	INV.NO. / Description	Amount
Total				

ADDITIONAL COMMENTS / INFORMATION

APPROVAL

The above goods, services or expenses have been received, rendered or incurred to my satisfaction. The indicated cost is approximately chargeable to the above indicated account.

Requestor's Signature

Print Name

Date

Telephone

Program Director / Designee

Print Name

Date

Telephone

**Chairperson / Executive Director
Or Designee**

Print Name

Date

Telephone

PLEASE NOTE: IF MISSING PROGRAM DIRECTOR OR CHAIRPERSON SIGNATURE, CHECKS WILL NOT BE PROCESSED.