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| **SPECIAL CHECK REQUEST** |
| **This check request form is used for payment request in the “absence of an invoice” for charges by certain government agencies, publicly regulated utility companies, and other quasi-governmental agencies that have jurisdiction over the District’s Building Program** |
|  |  |  |  |
| Project Name: | Enter here |  |  |
| College: | **Select College** |  |  |
|  |
| Contract #: | Enter here  |  Date: | Click here to enter a date. |
|  |
| DSA-File #: (if applicable)Project Fin. ID:  | Enter here |  |  |  DSA Application #: (if applicable)GL Number: | Enter here |
| Enter here |  |  | Enter here |
|  |  |  |  |  |  |
| Project Description: | Enter here |
| Payable to: | Enter here |
|  |
| Address: | Enter here |  |
|  |  |
|  Total Amount Requested: | $ | Enter here |
| Comments/Description: Enter here |
| Enter here |  |  |
| Enter here |
|  |  |  |
| Enter here |  |  |
| Design Consultant (if applicable) - Print Name |  | Signature Date |
| Enter here |  |  |

Project Manager (CPT) - Print Name Signature Date