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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** | | | | | | | | | | | | | | | |
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| Project Name: | Enter here | | | | | | | | |  | | |  | |
| College: | **Select College** | | | |  | | | | | | | |  | | |
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| Contract #: | Enter here | | Date: | | | | | | | | | | Click here to enter a date. | | |
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| DSA-File #:  (if applicable)  Project Fin. ID: | Enter here |  | |  | | | | | DSA Application #:  (if applicable)  GL Number: | | | | Enter here | |
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| Project Description: | Enter here | | | | | | | | | | | | | |
| Payable to: | Enter here | | | | | | | | | | | | | |
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| Address: | Enter here | | | | | | | | | | |  | | |
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| Total Amount Requested: | | | | | | | | | | | | $ | | Enter here |
| Comments/Description:  Enter here | | | | | | | | | | | | | | | |
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| Design Consultant (if applicable) - Print Name | | | | | |  | Signature Date | | | | | | | | |
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Project Manager (CPT) - Print Name Signature Date