



**KNOX**  
COLLEGE

**BUSINESS OFFICE**

2 East South Street, Box K-147  
Galesburg, Illinois 61401-4999

309-341-7313 Phone  
309-341-7076 Fax

# CHECK REQUISITION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

<b>OFFICE USE</b>	<b>VENDOR NUMBER</b>		<b>PURCHASE ORDER NUMBER</b>	
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Account Number	Explanation	Amount
_____-_____-_____-_____	_____	_____
_____-_____-_____-_____	_____	_____
_____-_____-_____-_____	_____	_____

**TOTAL** \_\_\_\_\_

Requested by \_\_\_\_\_

Date \_\_\_\_\_