



**KNOX**  
COLLEGE

**BUSINESS OFFICE**

2 East South Street, Box K-147    309-341-7313 Phone  
Galesburg, Illinois 61401-4999    309-341-7076 Fax

# CHECK REQUISITION FORM

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

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

<b>OFFICE USE</b>	<b>VENDOR NUMBER</b>		<b>PURCHASE ORDER NUMBER</b>	
-------------------	----------------------	--	------------------------------	--

Account Number	Explanation	Amount
____-____-____	_____	_____
____-____-____	_____	_____
____-____-____	_____	_____

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

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