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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| BREVARD COLLEGE CORPORATION | | | | | | | REQUEST FOR PAYMENT | | | | |
| Brevard, North Carolina | | | | | | |  | | | | |
|  |  | | | | | | DATE: | |  | | |
| TO: |  | | | | | |  | | PLEASE PAY: $ | |  |
|  | PLEASE PRINT FULL NAME - NO NICKNAMES | | | | | |  | | * CASH | | X CHECK |
| SCHOOL ID #: | |  | | | | |  | | | | |
| MAILING ADDRESS: | | |  | | | | FOR: | |  | | |
|  | | |  | | | |  | |  | | |
|  | | |  | | | |  | |  | | |
| PREPARED BY: | |  | | | | |  | | | | |
| CHARGE TO ACCOUNT # | | | |  | | | DUE DATE: | | |  | |
| APPROVED – DIRECTOR or  DIVISION CHAIR | | | | |  | | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| APPROVED – VICE PRESIDENT | | | | |  | |  | Date: | | | |
| APPROVED - FINANCE OFFICE | | | | |  | | PAYMENT RECEIVED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| FOR CASH ADVANCE ONLY: I hereby authorize Brevard College to withhold from my paycheck the amount of any unauthorized charges or expenditures not supported by appropriate documentation, as determined by the College, for which I have received a cash advance. | | | | | | | | | | | |
|  | | | | | |  | | | | | |
| Employee signature / Authorization | | | | | |
| **NOTES:** | | | | | | | | | | | |

6/2022