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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 orDIVISION 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