

# UNIVERSITY OF THE VIRGIN ISLANDS CHECK REQUISITION

Issue Check Payable To:		Date:		
		Organization:		
		SSN#/ Student ID #:		
		Date Required:		
FOR THE PURPOSE OF:				
<b>INDEX</b>	<b>FUND</b>	<b>ORG</b>	<b>ACCOUNT</b>	<b>AMOUNT</b>
TOTAL AMOUNT:				
Prepared by: President/Vice President Treasurer Advisor		For Accounting Use Only		
Approved by: _____ Student Activities Supervisor		Vendor #: _____ Approved by: _____ Funds Available		

**Please do not mail – call ext. 1111 for pick up**

**updated 7/05**