

# Check Request

## CLARION UNIVERSITY

**Payer:**

Clarion University of Pennsylvania  
 Accounts Payable  
 840 Wood Street  
 Clarion, PA 16214-1232

**\*Payee:** (Name and address)

**\*Vendor No.:**
**\*Date**
**\*Invoice No.**

*Items/Description	*Quantity	Unit	*Unit Price	*Amount

 Check if PREPAYMENT

*Fiscal Year	*SAP Cost Center and G/L Account	Amount	
			<b>*TOTAL</b>

I certify that the above charges for materials or services were rendered, or furnished for the use of Clarion University of Pennsylvania, and that the above amounts charged are fair and reasonable.

 \_\_\_\_\_  
 Signature

 \_\_\_\_\_  
 Title

**\* Required fields**