



Eli Arnold, Treasurer
CHECK REQUEST

Requested by: _____

Date: _____

Payable to: _____

Amount: _____

Mailing Address: _____

Address 2: _____

Address 3: _____

City: _____

State: _____

Zip: _____

Purpose: _____

Charge to Budget Line (if known): _____

Send completed form to:

Eli Arnold
Oglethorpe University
Philip Weltner Library
4484 Peachtree Road NE
Atlanta, GA 30319
earnold@oglethorpe.edu

(404) 364-8885 Phone

Include all pertinent receipts, documentations, explanations, etc. Send the originals and keep a copy for your records. Check requests will be processed promptly. We will contact you if we need further information.

(Official Use Only)

Charge to: _____

Budget Category: _____

Approved by President: _____ Date: _____

Paid with check number: _____ Check Date: _____