

College of Charleston
Immediate Check Request Form

(Attach proper support and submit approved document to Controller's Office)

Person requesting check: _____

Date of request: _____

Phone: _____

Date check needed: _____

Email address: _____

Department: _____

Please provide a brief explanation as to why this request has become an emergency:

Authorized signer: _____
(Required) Print name

Department Head signer: _____
(Required) Print name

Signature _____

Signature _____

Email: _____

Email: _____

Phone number: _____

Phone number: _____

Handling instructions

Note: UPS or other delivery service, please attach envelope, if applicable.

Special handling instructions:

For Controller's Office Use Only

Approved by (print): _____

Approved by (signature): _____

Date approved: _____

(Revised 5/18/21)