

WESTERN STATE COLLEGE OF COLORADO

GENERAL COMMITMENT VOUCHER FORM

This form must be used to provide the Controller's Office with the necessary elements to satisfy the requirements of Fiscal Rule 2.4.1.

This form must be filled out in its entirety to be validated.

See reverse side for uses of this form.

Date

Name: _____

SS or WSC ID #: _____

Mailing Address: _____

Please do not fill out address information if the requested check is to be held for pick up.

City: _____ State: _____ Zip: _____

Reason for Check: _____

Index #	Fund #	Orgn #	Acct #	Prog #	Amount	Notes

You must provide (2) complete copies of all documentation with this form.

One set of the documentation is used for the file back up of the check, the other is a remittance copy to be mailed with the check.

Requested by: _____
Date

Approved by: _____
Department head with budget authority Date

Approved by: _____
Controller's Office Date

1. Submit this request 10 days before the check is needed.
2. Please contact the Controller's Office if there are any questions regarding the use of this form.

Hold at Cashier's Window for: _____

Mail to above address.