

**MISCELLANEOUS CHECK REQUEST FORM**  
**Hampden-Sydney College**

Please issue check to: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

In the amount of: \$ \_\_\_\_\_

In payment for: \_\_\_\_\_  
(Relevant supporting documents (bills, invoices, statements, requests, etc.) are attached.)

Debit Account Number \_\_\_\_\_ for \$ \_\_\_\_\_

Debit Account Number \_\_\_\_\_ for \$ \_\_\_\_\_

ID Number \_\_\_\_\_

(Payments for Stipends/Honorariums Require Social Security Number)

Approval: \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_