



JESUIT SCHOOL OF THEOLOGY

of Santa Clara University

TO: BUSINESS OFFICE

Please issue a check to:

_____ Date

PAYEE: _____

_____ ZIP _____

Enclosure attached to accompany check.

PURPOSE:

Per attached documentation

As follows: _____

Student Refund (*attach statement of student account*)

DISPOSITION OF CHECK : (*All checks returned to party originating request, unless other disposition is indicated*)

Return to Requestor _____

Mail to Payee

Direct Deposit

Other: _____

ACCOUNTING DISTRIBUTION :

Account	Fund	Dept ID	Program	Activity	Class	Project	Oper	Amount
							J S T	_____
							J S T	_____
							J S T	_____
							J S T	_____
							J S T	_____

TOTAL AMOUNT: \$ _____

Requestor

Approver