

CONVENIENCE CHECK CERTIFICATION

Request a convenience check be issued for the requirement(s) identified below. I certify:

- a. I have attempted to purchase this requirement on my purchase card and the merchant will not accept payment by purchase card.
- b. I have explained that accepting purchase cards as payment will benefit the merchant as payment must be made within 48 hours of receipt of invoice.
- c. I have not split requirements to avoid exceeding dollar limitations.

CARDHOLDER CERTIFICATION

DATE

Signature

APPROVED BY

DATE

Director/Office Chief Signature

DESCRIPTION OF SUPPLIES/SERVICES	QUANTITY	UNIT OF ISSUE	UNIT PRICE	SHIPPING	TOTAL

MAKE CHECK PAYABLE TO

(Complete only if different than Merchant Name)

TOTAL CHECK AMOUNT

(Not to exceed \$2500.00)

MERCHANT NAME

ADDRESS

POINT OF CONTACT

NAME

PHONE NUMBER

ACTIVITY CODE

ORGANIZATION CODE

DOCUMENT NUMBER

JON

CHECK RECEIPT:

I have received a check from the Check Account Holder for the above request in the amount specified above. I understand that I am responsible for ensuring that this check is delivered to the merchant for the purchase of the supplies/services identified in the above request.

CHECK#

DATE

Cardholder Signature and Date

NOTE: A check fee of 1.7% of the total check amount will be added to the total of each check written. This amount will be charged back to your organization against the document number identified above.