



DISTRICT BUSINESS SERVICES

ACCOUNTS PAYABLE REQUEST FOR EMERGENCY CHECK

District Name: _____

Vendor#: _____

Requestor Name: _____

Vendor Name: _____

District Authorization: _____

Vendor Address: _____

Reason For Check: _____

PLEASE NOTE: THERE IS A 24-HOUR PROCESS TIME FROM WHEN DBS RECEIVES YOUR REQUEST

P.O. or CONTROL#	LN.	TYPE	ACCOUNT NUMBER	INVOICE NO.	TAX	AMOUNT	DESCRIPTION
TOTAL							

CONTRA COSTA COUNTY OFFICE OF EDUCATION USE ONLY

BATCH#: _____

INPUT BY: _____

WARRANT#: _____

INPUT DATE: _____

WARRANT DATE: _____

SJ: _____

PLEASE COMPLETE AND EMAIL TO dbs-ft@cccoe.k12.ca.us