



LETTER OF CREDIT REQUEST FORM

Request that a letter of credit be sent to the following vendor:

Vendor Name: _____

Address: _____

Phone Number: _____ Attn: _____

Please check if you would like request for credit faxed to vendor: _____

Fax Number: _____

Individuals who will be authorized to make charges to the account:

Account numbers to which purchases are to be charged:

Expenditure range: _____

Other comments: _____

The Authorized Budget Manager for the Accounts Listed Above Must Sign This Request.

Authorized Signer: _____

Date: _____