

MISSISSIPPI COLLEGE
Business Office
Clinton, MS 39058

PAY ORDER

Date _____ Amount \$ _____

Due Date _____

Social Security No. _____

Pay to _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____ - _____

For _____

Account No. _____
Fund Organization Account Program Activity Location

Account No. _____
Fund Organization Account Program Activity Location

By _____

Approved (Dept. or Representative) _____

Approved (Business Office) _____