



Request for Check

Use this form to request payment to individuals or companies not paid via a purchase requisition/purchase order, vendor invoice or monthly expense form. For example: travel advances, reimbursement or athletic officials.

Check data

Vendor number _____ Date of request _____
Amount \$ _____ Account number _____
Amount \$ _____ Account number _____
Amount \$ _____ Account number _____
Total \$ _____

Pay to

Name _____ SSN _____
Address _____
City _____ State _____ Zip Code _____

Purpose

Describe _____

Check stub description (maximum 20 characters) _____

Requested by _____ Date _____
Account administrator _____ Date _____
Appropriate cabinet member _____ Date _____

Hold check for pick up
(No checks will be sent through campus mail.)

Mail to:

Name _____
Address _____
City _____ State _____ Zip Code _____