Check Request Form

Check is to be made payable to: ____________________________________________
(Please provide address:)
_____________________________________________________________________
_____________________________________________________________________

Amount: __________________

Explanation: ___________________________________________________________
_____________________________________________________________________

Account number to be charged: ____________________________________________

*NOTE: 1) Attach copy of appropriate documentation where necessary. Failure to do so will delay payment
2) This form is not needed where an invoice is present. Signing and coding invoice is sufficient.

Date needed: ________________

Instructions:

☐ Mail check
☐ Pick-up check in Business Office
☐ Send to campus box  # ______

Signature: ____________________________ Date: ________________

Approval Signature: ____________________________ Date: ________________
(If needed by Dept head or VP)