

Check Request Form

Supplier ID: _____
 Pay to: _____
 Address: _____

This form should be used for requests of checks not associated with the order of goods or services or payment of Purchase Orders. Examples would include refunds or returns (videos, non-employee reimbursements, books, athletics, etc.), or other miscellaneous payments.

S.S. # or Federal ID # : _____

Description of Request	Amount
Supporting documentation (original invoice/proof of payment) MUST be attached to this request (if applicable).	TOTAL

Worktags to be charged:

Spend Category	Fund	Cost Center	Program	Location	Add'l Worktags	Amount
_____ - _____	_____ - _____	_____ - _____	_____ - _____	_____ - _____	_____ - _____	\$ _____
_____ - _____	_____ - _____	_____ - _____	_____ - _____	_____ - _____	_____ - _____	\$ _____
_____ - _____	_____ - _____	_____ - _____	_____ - _____	_____ - _____	_____ - _____	\$ _____
_____ - _____	_____ - _____	_____ - _____	_____ - _____	_____ - _____	_____ - _____	\$ _____
_____ - _____	_____ - _____	_____ - _____	_____ - _____	_____ - _____	_____ - _____	\$ _____
Total						\$ _____

Check Distribution Instructions: Check will be mailed to the above address unless other handling instructions are noted below:

Requested By Signature _____ Date _____

Approved By Signature: (Supervisor/Dean) _____ Date _____