CHECK REQUEST FORM

CHECK PAYABLE TO AND ADDRESS:

DATE:

SPECIAL HANDLING INSTRUCTIONS:

AMOUNT OF CHECK:

EXPLANATION:

|  |  |  |  |
| --- | --- | --- | --- |
| REQUESTED BY: |  Name |  Signature |  Date |
| APPROVED BY: |  Name |  Signature |  Date |

Note: approval on this form does not replace electronic approval on Banner.

P.O. NUMBER: ACCOUNT CODING:

Chart Fund

Org

Account Program AMOUNT

$

$

$

$

$

# TOTAL $

(If additional accounts are required, please provide the coding on a separate sheet.)



**ACCOUNTS PAYABLE ONLY**

VENDOR #

INVOICE #

INVOICE DATE

G/L DATE BANNER INVOICE #