CHECK REQUEST FORM

DATE: _____

CHECK PAYABLE TO AND ADDRESS:

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 # _____