|  |
| --- |
|  |
| **Check Request** |
| **Date: Check Payable to: Datatel ID #: Address:** *or* **S.S #:** *or* **Federal ID #:** **Check Distribution:** US Mail Mail: Pickup: ***Charge To:***Acct. Title: Acct. Number: Amount: Acct. Title: Acct. Number: Amount: Acct. Title: Acct. Number: \_ Amount: Acct. Title: Acct. Number: \_ Amount: Tax: \_**Total:** Explanation: \_**Contact Person:** \_ **Campus Box:** \_ **Extension:** Department: Approved By: \_ **(Signature) (Printed Name)**Add’l Signatures: \_ \_**(Signature) (Printed Name)** \_ \_**(Signature) (Printed Name)**Date Check Needed: Name of Student Organization *(if applicable)*:  |
| **For Organization Use** |
|  |

