|  |
| --- |
|  |
| **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** |
|  |

