

Check Request

Check Payable to: _____ **Date:** _____
Address: _____ **Datatel ID #:** _____
_____ **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

