CHECK REQUEST

Date

PAYEE

ADDRESS

Is the payee or beneficiary of this payment a U.S. Citizen or Permanent Resident Alien?

Yes  No  Don’t Know 

(If Yes, there is no change to current procedures; if No or Don’t Know, provide the payee with a Tax Compliance Notification Sheet (TCNS) and a W-9\*. When the completed form(s) are returned to you, attach the form to the check request and supporting documents. Forward the entire packet to Accounts Payable.)

Gross Up: Yes  No 

Is this compensation for services? Yes  No 

(If yes, and payee is an employee, please process through payroll.)

Is this for reimbursement for expenses for an employee? Yes  No 

(If yes, please use Employee Expense Reimbursement Form)

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| --- | --- | --- | --- | --- | --- |
| **Fund** | **Organization** | **Account** | **Activity** | **Amount** | **Description** |
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| **Date wanted:** | | | | **Total : $** | **Approval by**  **Dept. Head:** |

 Return to Department (Name)

\*See Business Office website for forms

 Send in U.S. mail  Hold for Pick-up @ A/P

