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)

Fund	Organization	Account	Activity	Amount	Description

Date wanted:_____	Total : $_____	Approval by Dept. Head:_____

☐ Return to Department (Name)_____   ☐ Send in U.S. mail   ☐ Hold for Pick-up @ A/P
*See Business Office website for forms