Check Request Form

Location: Phone: Fax: Mail Code:

# CHECK REQUEST INFORMATION:

Payee Name: Requisition#:

Address: City: State: Zip Code:

Reason for Request:

# TRANSACTION INFORMATION:

Account: Fund: ID#: Program: Class: Project: Amount:$

Account: Fund: ID#: Program: Class: Project: Amount:$

Account: Fund: ID#: Program: Class: Project: Amount:$

Total Amount: $

Mail Check:

Yes

No Pick Up Check by: Ext.#:

*Requested By*: Date:

Print Name:

*Financial Approver*: Date:

Print Name:

# DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY.

Voucher ID #: Check#: Check Date:

