CHECK REQUEST

MAKE CHECK PAYABLE TO: Name and Address	Date Required:
	Date Requested:
	Department:
	Attention:
Vendor #:	Info: Fund -- Orgn -- Acct -- Prog -- Actv
☐ Mail Check to Above ☐ Hold Check for Pickup ☐ Return Check	Requested By: _____ _____ Department Head/Manager/Dean/Director _____ Vice President _____ President

Please Type or Print

Quantity	Unit	Item Description	Unit Cost	Total Cost

FOR OFFICE USE ONLY			
M-P-E INIT:	BDGT INIT:	ACCT INIT:	VENDOR #
ACCOUNT #		AMOUNT:	

TOTAL FOR CHECK

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