**CHECK REQUEST**

REQUESTED BY:

BLDG. / ROOM NO.

APPROVED (SIGNATURE OF PERSON AUTHORIZED TO APPROVE EXPENDITURES)

DATE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| zID / VENDOR NO. | IF CHECK IS NOT TO BE MAILED, RETURN TO: |  | MARK HERE TO HAVE CHECK MAILED | VOUCHER NO. |
| PAYEE |  |  |  |  |
| STREET ADDRESS | ADDITIONAL ADDRESS INFORMATION |  |  |  |
| CITY | STATE | ZIP / COUNTRY | SOCIAL SECURITY NUMBER / FED. ID# |  |
| DEPARTMENT / ACCOUNT NAME | PRINT OR TYPE NAME |  |  | EXTENSION |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| INVOICE NO. | INVOICE DATE | DESCRIPTION | ACCOUNT NUMBER | AMOUNT |
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|  |  |  |  |  |
| **TOTAL** | $ 0.00 |
| ADDITIONAL EXPLANATION / INSTRUCTIONS SUPPORTING DOCUMENTS, RECEIPTS & ITEMIZATIONS, MUST BE ATTACHED. |

