CHECK REQUEST FORM

LAST NAME FIRST NAME M.I.

BUSINESS/VENDOR NAME MAILING ADDRESS

CITY STATE ZIP

ID NUMBER

# REASON FOR DISBURSEMENT

Refund - explain

D

Postage (when purchasing card cannot be used)

D

□

Personal Reimbursement - (original receipts required for payment). Business purpose:

D

Prizes and Awards (payee name and social security# must be provided on a W-9 Form. Place W-9 in an envelope stamped confidential and sealed. The sealed envelope and completed Check Request may then be sent by mail.

**Two copies of order forms/documents are required.** One copy will be retained for audit and the second copy will be mailed with the check.

Dues, Memberships, Subscriptions, and one time purchases of reference materials. (Use this form only when the purchasing card cannot be used for payment.)

Restaurant bills (for payment of catering services, approval required. Federal ID # required)

Utilities Insurance

Deposits - explain:

Travel related prepayments for conference fees and deposits (use Travel Credit Card whenever possible.) An approved travel authorization must be on file. Please reference travel P.O.#

Contract on file (contract number)

# ACCOUNT DISTRIBUTION INFORMATION ACCOUNTING USE ONLY

**Organization# Account# Amount** 1099 Code VOUCHER#

$ INVOICE#

$ DOCUMENT ID#

$ VENDOR ID#

**TOTAL** $

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| REQUESTED BY |  | DATE |  | DESCRIPTION |
| DEPARTMENT NAME |  | TELEPHONE# |  | REFERENCE# (Travel, PO, Cont ract#, Etc.)  AUDIT |
| FINANCIAL MANAGER |  | DATE |  |  |

