CHECK REQUEST FORM

LAST NAME FIRST NAME M.I. ID NUMBER

BUSINESS/VENDOR NAME

MAILING ADDRESS

CITY STATE ZIP

REASON FOR DISBURSEMENT

- ☐ Refund - explain _____
- ☐ Postage (when purchasing card cannot be used)
- ☐ Personal Reimbursement - (original receipts required for payment).

  Business purpose: _____
- ☐ 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

Organization #	Account #	Amount
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
	TOTAL	$_____

REQUESTED BY DATE

DEPARTMENT NAME TELEPHONE #

FINANCIAL MANAGER DATE

ACCOUNTING USE ONLY

1099 Code _____

VOUCHER # _____

INVOICE # _____

DOCUMENT ID # _____

VENDOR ID # _____

DESCRIPTION

REFERENCE # (Travel, PO, Contract #, Etc.)

AUDIT _____