COLLEGE CHECK REQUEST FORM

VENDOR NUMBER

VOUCHER NUMBER

Date Initials

For Accounts Payable Use Only

Use this form to to arrange for payment to individuals or businesses when a Purchase Order or card is not required.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PAYEE INFORMATION** | | | | | | |
| **FULL NAME** Please check if Faculty Staff | | Student | | **Social Security or Federal ID Number** | | |
|  | | | |  | | |
|  | | | | If payment is to an individual, is a W-9 | | |
| **MAILING ADDRESS** | | | |
| on file? | | |
|  | | | |
|  | | | | If no, a completed W-9 must be | | |
| attached. | | |
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| **EXPENSE/ACCOUNT DETAILS** | | | | | | |
| **DESCRIPTION**  **or INVOICE NUMBER** | **DATE OF SERVICE or INVOICE DATE** | **GENERAL LEDGER ACCOUNT NUMBERS** | | | | **AMOUNT** |
| **FUND** | **DEPARTMENT** | **OBJECT** | **COURSE** |
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|  |  |  |  |  |  |  |
| TOTAL CHECK AMOUNT | | | | | | $0.00 |

|  |  |  |  |
| --- | --- | --- | --- |
| **FULLY DESCRIBE THE PAYMENT (I.E., WHY IT WAS NEEDED, THE DATE OF PAYMENT, HOW IT OCCURRED, ETC.)** | | | |
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| **SIGNATURES/APPROVALS** | | | |
| **CONTACT PERSON** | **CONTACT PERSON'S EMAIL** | **TELEPHONE NUMBER** | **DATE** |
|  |  |  |  |
| **AUTHORIZED PERSON** | **AUTHORIZED PERSON'S SIGNATURE** | **TELEPHONE NUMBER** | **DATE** |
|  |  |  |  |

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| --- | --- | --- | --- |
| **CHECK HANDLING INSTRUCTIONS** | | | |
| **5. MAIL** | **6. HOLD FOR PICK UP** | **7. SEND CAMPUS MAIL** | **8. E‐CHECK (DIRECT DEPOSIT)** |
|  |  |  |  |

