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.

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| **PAYEE INFORMATION** |
| **FULL NAME** Please check if Faculty Staff | Student | **Social Security or Federal ID Number** |
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|  | If payment is to an individual, is a W-9 |
| **MAILING ADDRESS** |
| on file? |
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|  | 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 |

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| **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)** |
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