

COLLEGE CHECK REQUEST FORM

VOUCHER NUMBER

Date _____ Initials _____

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 <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student
Social Security or Federal ID Number	
MAILING ADDRESS	
If payment is to an individual, is a W-9 on file?	
If no, a completed W-9 must be attached.	

EXPENSE/ACCOUNT DETAILS						
DESCRIPTION or INVOICE NUMBER	DATE OF SERVICE or INVOICE DATE	GENERAL LEDGER ACCOUNT NUMBERS				AMOUNT
		FUND	DEPARTMENT	OBJECT	COURSE	
TOTAL CHECK AMOUNT						\$0.00

FULLY DESCRIBE THE PAYMENT (I.E., WHY IT WAS NEEDED, THE DATE OF PAYMENT, HOW IT OCCURRED, ETC.)

SIGNATURES/APPROVALS			
CONTACT PERSON	CONTACT PERSON'S EMAIL	TELEPHONE NUMBER	DATE
AUTHORIZED PERSON	AUTHORIZED PERSON'S SIGNATURE	TELEPHONE NUMBER	DATE

CHECK HANDLING INSTRUCTIONS			
5. MAIL <input type="checkbox"/>	6. HOLD FOR PICK UP <input type="checkbox"/>	7. SEND CAMPUS MAIL <input type="checkbox"/>	8. E-CHECK (DIRECT DEPOSIT) <input type="checkbox"/>

