



CHECK REQUEST

PAY TO: ADDRESS:	DATE REQUESTED:
	DATE REQUIRED:
	REQUESTED BY:
	DISTRIBUTION: ___ Campus Mail ___ Pick up ___ U.S. Mail ___

PLEASE CHECK ALL THAT APPLY:

- | | |
|---|--|
| <input type="checkbox"/> Invoice/Receipt Attached | <input type="checkbox"/> Honorarium/Award/Internship |
| <input type="checkbox"/> Advance/Prepaid Order | <input type="checkbox"/> IRS Form W-9 Attached <input type="checkbox"/> W9 on File |

EXPENSE DESCRIPTION (Describe business, academic and/or research purpose):

Please attach required receipts, invoices, contracts or other supporting documentation.**

<u>General ledger account number(s):</u>	<u>Amount</u>
Approval: Department/Budget Unit Head*	
Approval Business Office	Total Amount of Check

Additional Approval (if necessary) * _____

* Requests over \$20,000 also require the approval of the Vice President of Finance and Administration, the Provost or the President.

**** Requests without description and appropriate supporting documentation may be returned.**