



CHECK REQUEST FORM

EMPLOYEES OR STUDENTS Employee ID or Student ID _____ REQUIRED for Employees/Students	VENDORS Vendor ID _____ REQUIRED for Vendors
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CHECK DISTRIBUTION INSTRUCTIONS: Date Required _____

☐ Mail
 ☐ Mail with Attachment(s)
 ☐ Pick-Up: Call _____ x _____

PLEASE TYPE OR PRINT LEGIBLY

1.	Contact Name	Contact Phone
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2. CHECK INFO	Name		
	Address 1		
	Address 2		
	City	State	Zip

3. PURPOSE	
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4. FOAP & AMOUNT	Index (6 digits)	Fund (6 digits)	Organization (6 digits)	Account Code (6 digits)	Program (4 digits)	Amount
TOTAL						

5. APPROVALS	Requester		
	Print Name	Signature	Date
	Account Administrator		
	Print Name	Signature	Date
	Account Administrator (if multiple funds or organizations)		
	Print Name	Signature	Date
Account Administrator (if multiple funds or organizations)			
Print Name	Signature	Date	
Vice President (required if TOTAL > \$19,999.99); VP or ASVP of Student Affairs required for all student organizations.			
Print Name	Signature	Date	
President (required if TOTAL > \$39,999.99)			
Print Name	Signature	Date	

SUBMIT ORIGINAL TO ACCOUNTS PAYABLE WITH REQUIRED SUPPORTING DOCUMENTATION. TO ENSURE PROMPT PAYMENT, COMPLETE ENTIRE FORM AND OBTAIN NECESSARY SIGNATURES. ALLOW 3-5 DAYS FOR PROCESSING.