

Clear Form

Print Form

E-CHECK ☐ E-TRAVEL ☐

	New Account Setup
	Update to Account

*all approval levels must be satisfied before a check request can be sent to A/P

[illegible]

* list the legal name (as appears on the payroll check) of all approvers

[illegible]

For questions regarding this form contact _____ Phone _____

I am assigned budgetary responsibility for this account and I authorize the above approvals.

Department Head Signature

Printed Name _____

E-Check or E-Travel: Please fax this form to Travel & Encumbrance at 706-542-6767