|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| **Vendor Information** |  |
| Issue Check To (Vendor Name): |  |  |  |
| Address Line 1: |  |  |  |
| Address Line 2: |  |  |  |
| City: |  |  |  |
| State: |  |  |  |
| Zip Code: |  |  |  |
| **Special Routing Instructions**: |  |  |  |
|  |  |  |  |  |  |  |
| Purpose of Check Request:  |  |  |  |
|  |  |  |  |
| Total Amount Requested: |  $ |  |  |  |  |
| Account Number: |

|  |  |  |  |
| --- | --- | --- | --- |
| Fund | Org  | Acct  | Prgm |
|  |  |  |  |

  |  |  |  |  |
|   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |
| **Requestor Information** |  |
| **Requested By**: |  |  |  |
| Campus:  |  |  |  |
| Date of Request: |  | Department: |   |  |  |
| **Approved By or PO Number**: |   |  |  |
| Requestor Phone Number: | ( ) |  |  |  |  |
| Approver Phone Number: | ( ) |  |  |  |  |
|   |   |   |   |   |   |   |
| **Office Use Only** |  |
|  |  |  |
|  Date Received: |   |  |  |
| Processed By: |   |  |  |
| Date Processed: |   |  |  |
|  |  |  |  |  |  |  |

**Directions:**

Employees who wish to request a check must complete this check request form and return it to the Accounts Payable department for processing. Employees who require assistance in completing this form should contact the Accounts

Payabledepartment for additional support. Documentation to support the expense will be required in order to receive a check.