CHECK REQUEST FORM

_____

EMPLOYEES OR STUDENTS Employee ID or Student ID _____ REQUIRED for Employees/Students	VENDORS Vendor ID _____ REQUIRED for Vendors

CHECK DISTRIBUTION INSTRUCTIONS: Date Required _____

⌐Mail   ⌐Mail with Attachment(s)   ⌐Pick-Up: Call _____ x_____

PLEASE TYPE OR PRINT LEGIBLY

1.	Contact Name	Contact Phone

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

3. PURPOSE

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.