

CHECK REQUEST FORM

TODAY'S DATE: _____
DATE DUE: _____

- _____ MAIL CHECK DIRECTLY TO VENDOR
- _____ VENDOR WILL PICK UP CHECK
- _____ PLACE CHECK IN MY MAILBOX IN FACULTY LOUNGE

PLEASE NOTE: A check will not be processed unless an invoice or other appropriate documentation is provided. "Back-up" should include the payee/vendor name, the item/service purchased, and the date, amount, and purpose of the purchase. A credit card sales slip or statement is not suitable back-up.

FACULTY MEMBER

MAKE CHECK PAYABLE TO: (Vendor/Payee/Recipient)			
COMPLETE ADDRESS _____			
INVOICE NO.	INVOICE DATE	DESCRIPTION	AMOUNT
SPECIAL INSTRUCTIONS:			
TOTAL AMOUNT OF CHECK* \$			
ACCOUNT NAME(S) TO BE CHARGED	ACCOUNT NO(S).	PROJECT (IF ANY)	AMOUNT
SIGNATURE OF BUDGET HOLDER**			DEPT./ORGANIZATION

*Amount >\$1000 requires approval of Director of Finance. Amount >\$10,000 requires approval of Principal.
If you are the Payee **and the Budget Holder, the Director of Finance or Principal must approve this request.

DIRECTOR OF FINANCE APPROVAL

PRINCIPAL APPROVAL

- Instructional Departments account number "cheat sheet"
- 0 Instructional
 - 1 Professional Development
 - 2 Memberships and Dues
 - 3 Supplies
 - 4 Guest Speakers
 - 5 Other

Business Office Approval:
Processed By _____
Date Processed _____