

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

**BUSINESS MANAGER 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 \_\_\_\_\_