



# CHECK REQUEST FORM

*This form is used when requesting checks*

Department Name: \_\_\_\_\_

Individual Requesting Check: \_\_\_\_\_

Justification for Check: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Payee Name: \_\_\_\_\_

Payee Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Social Security or Tax ID: \_\_\_\_\_

*Handling (Please check):*

Insert required?  Yes  No

Mail or Hold?  Mail  Hold

*Chart Fields*

Account Number: \_\_\_\_\_

Fund: \_\_\_\_\_

Department: \_\_\_\_\_

Project/Grant Number: \_\_\_\_\_

Amount: \_\_\_\_\_

Authorization of Dept. Head: \_\_\_\_\_

Submitted by/Extension: \_\_\_\_\_ Date: \_\_\_\_\_

Controllers Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

*Forms to be submitted to the Controller's Office. Once approved forms will be forwarded to Accounts Payable Office for processing. Checks will be mailed directly from Accounts Payable unless pickup is requested by checking off "Hold".*