



New Jersey City University Foundation

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

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.