



ALL HIGHLIGHTED FIELDS ARE REQUIRED

## CHECK REQUEST

**PAY TO THE ORDER OF:**

(PAYEE NAME)

**AMOUNT REQUESTED:** \$

**EMPLOYEE/ STUDENT WORKER :**

**Y / N**

**ADDRESS**

**ATTACHMENT TO MAIL**

**MAIL**

**CAMPUS MAIL**

**DESCRIPTION:**

(20 CHARACTERS OR LESS )

If request is for an **advance**, please complete the following:

*I authorize advances not cleared within 30 days of completion of travel or event to be deducted from my pay.*

Signature:

Date:

**ACCOUNT NUMBER**

**AMOUNT**

**DATE CHECK REQUIRED:**

**Date:**

**Signed**

(Person preparing form)

Extension

**Date:**

**Approval**

Budget Manager (if < \$10,000)

Vice President/President (if = >\$10,000)

**Note:**

-Original receipts are required.

-If attachments are to be mailed with the check please attach two copies (one for accounting and one to mail).

-Checks are distributed every **Friday**. Request is due at least 1 week prior to check distribution.