



Check Request

Date _____

Payable to:	Mailing Instructions
Payee	Mail Check (Leave "Address" BLANK if check is to be held.) Hold at Business & Finance Enclosures to be mailed with check (Staple a copy of remittance to check request and paperclip original remittance to this form.)
Address	

Expense Distribution					
Purchase Order (PO)# _____					
Fund	Organization	Account	Program	Activity	Location
_____	_____	_____	_____	_____	_____
Fund	Organization	Account	Program	Activity	Location
_____	_____	_____	_____	_____	_____
Invoice #	Invoice Date	Invoice Description			Dollar Amount
_____	_____	_____			\$ _____
_____	_____	_____			\$ _____
_____	_____	_____			\$ _____
_____	_____	_____			\$ _____
				TOTAL	\$ _____

Detailed Explanation of Expense

Requestor's Information	Budget Authorization Information
Requestor's Name	Authorized Signature X
Department	Name (Last/First) <i>Please Print</i>
Phone number	Department Phone

If over \$5000, Vice-President signature is required. **X** _____ Date _____

Instructions

Check Request Requirements

The minimum processing time is 10 working days. Incomplete check requests will not be processed and may be returned to the requestor for completion. Note: If requesting payment for consulting services, please use the "Request for Payment of Consulting Services" form. If requesting reimbursement for expenditures made on the behalf of USF, use the "Expense Reimbursement" form.

When this form is complete

Send your completed form to Accounts Payable. For more information, please call ext. 6371. 05/2007