

ATU REQUEST FOR CHECK

DATE: _____

Honoraria

Game Officials

Refunds

Stipends

Agency Funds

Other

Supporting documentation **MUST** be attached to the Request for Check Form
OR

If no invoice is available, this form **MUST** be signed by the Payee and a memo submitted as documentation

AGENCY FUND REQUESTS must be submitted to the Accounting Office in Browning Hall, Rm 312 for verification. The Accounting Office will forward the check request to Accounts Payable.

OTHER CHECK REQUESTS are to be submitted to Accounts Payable in Browning Hall, Rm 302.

Check Requested By: _____
(Department or Office)

FOAPAL #:	Index	Fund	Organization	Account	Program
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The vendor block must be completed before check request will be processed.

T _____ RA _____
Vendor Number/T Number Vendor Address No.

Check Payable To: _____

Vendor Address (Required): _____

Check Box for Pickup _____ Email Address for Notifications _____

Description of Services/Goods OR Reason for Payment: _____

Amount of Check \$ _____

Requested By & Date: _____
(Signature)

Approval Signature: _____
(Immediate Supervisor Sign & Date)

Signature of Payee: _____
(If required. See above)

Checks must be picked up by the payee only. Checks will be mailed if not picked up within a week of the issue date..