



# Check Request Form

Note: Do not use this form if you have an invoice or the request is for employee expense reimbursement.

Date of Request :

Type of Request : Employee Expense Advance\* Student Vendor

Check Payable To :

New Vendor? W-9 attached : Yes No **AP Only: Single Payment Vendor? :** Yes No

Mailing Address :  (Street)  
 (2nd Line)  
 (City ,State/  
Zip Code)

1099 Vendor : Yes No U.S. Citizen : Yes No

Tax Identification Number :

Line No.	GL Account Number	Item Description	Item Dollar Amount
1			
2			
3			
4			
5			
6			
7			
8			
<b>Check Request Total:</b>			

Check Distribution: Pick -Up-Cashier U.S. Mail Interoffice Mail Box # \_\_\_\_

Special Handling Instructions :

Requestor :

Budget Supervisor Approval : \_\_\_\_\_

Contact Name/ Phone Number :

\* Employee Expense Report must be submitted within 30 days of expense advance check date.