



CHECK REQUEST FORM

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			
Check Request Total:			

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.