

Check Request

All Fields are Required Information

Payee Information

Payee Name: _____
 Address: _____
 City, State, Zip: _____

Payee Data Record Form: On File Attached

Net ID/Fed ID # _____ Employee Student Vendor

Department Name: _____
 Department Contact: _____
 Contact Phone #: _____

Check Delivery Instructions:
 Mail to Payee
 Call for Pick _____

	Fund	Dept ID	Program	Class	Proj./Grant	Amount
1						
2						
3				TOTAL AMOUNT \$:		

Purpose/Event Description Include Location, Date & Time

For Hospitality Purposes only*

In addition to above required info, please fill in this area:

Total # of On Campus Participants _____

Total # of Off Campus Participants _____

Note: When alcohol is served at any campus event, an Alcohol Approval Form must be completed and on file.

*Exception -Reimbursement permitted only if all food and beverage receipts for a single event total less than \$100.

Prepared by: _____ Date: _____ Phone: _____
 Approved by: _____ Date: _____ Phone: _____
 For Accounting Use:
 Vendor # _____ Voucher # _____