



ACCOUNTS PAYABLE CHECK REQUEST

INSTRUCTIONS: The requestor should complete all fields listed under Check Information, and then route the form for approval to the appropriate personnel. Check requests need to be reviewed and approved by the requestor's supervisor, purchasing, and either the budget or grant accountant depending upon the source of the funds. All check requests should be routed to Tammy Kennedy in Finance **last**. Original receipts/invoices must be attached to check request. Sales tax is not reimbursable. A W-9 is needed for new vendors. Please allow 1 week for processing once your request is received by Accounts Payable.

CHECK INFORMATION (COMPLETED BY REQUESTOR)

Date: _____

_____ requests a check in the amount of \$ _____

Department name

Payable to: _____

Street Address or P. O. Box: _____

City, State, Zip: _____

City

State

Zip

Description of Payments: _____

FUNDING/SOURCE ACCOUNT(S)

FUND	ORG	ACCT	PROG	ACTV	AMOUNT

CHECK INSTRUCTIONS:

All checks will be mailed. If an exception is being requested, please note below

_____ **HOLD** check for pick-up

By whom: _____

Phone # _____

_____ Attachment(s) to be mailed with check

TOTAL _____

Requestor Name

Requestor E-mail

Requestor Signature

APPROVALS

Supervisor Name

Supervisor Signature

Purchasing Approver Name

Purchasing Approver Signature

Budget Approver Name

Budget Approver Signature

ACCOUNTS PAYABLE PROCESSING (COMPLETED BY FINANCE)

A/P Processor Name

A/P Document Number

A/P Processing Date

A/P Processor Signature