

CK

REQUEST FOR CHECK

FOR FOUNDATION USE ONLY					
AMOUNT	PROJ	OBJ	DESCRIPTION	CC	PEID
					CHECK NUMBER
					REF DATE
					REF AMT

INSTRUCTIONS

- SUBMIT ORIGINAL RECEIPTS.
- CHECK REQUEST SUBMITTED BY WEDNESDAY BEFORE NOON, OUT BY FRIDAY AFTER 3:00.
 CHECK REQUEST SUBMITTED BY FRIDAY BEFORE NOON, OUT BY WEDNESDAY AFTER 3:00.
- REQUESTS OVER \$2,500 MUST HAVE SECOND APPROVAL SIGNATURE FOR NON GRANT/CONTACT ACCOUNTS.
REIMBURSEMENTS MUST BE APPROVED BY PAYEE'S SUPERVISOR.

Vendor or Payee: _____

Address: _____

SS #: _____

Date: _____

- Advance Requested**
- Payment for attached**
 (attach original invoices/receipts)

CHECK DISTRIBUTION	
<input type="checkbox"/>	Mail on campus to department: _____
<input type="checkbox"/>	Mail to vendor/payee: _____
<input type="checkbox"/>	Hold for pick-up by: _____

ORDERED BY: _____	
DEPARTMENT: _____	RM #: _____
PHONE: _____	

DESCRIPTION OF MDSE. OR REASON FOR DISBURSEMENT	Project - Object Code	AMOUNT
	-	
	-	
	-	
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	-	
	-	
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	-	
	-	
	TOTAL	\$ -

RUSH? Fee May Apply				
<input type="checkbox"/>				
DATE NEEDED				
M	T	W	TH	F
MON / DATE / YEAR				
/ /				

REMARKS: _____

Sample approval signatures must be on file at the Foundation and agree with the signatures on the request.
 The attached expenses have not been claimed with other institutions.

APPROVED BY AUTHORIZED SIGNATURE/PROJECT DIRECTOR

By _____ / _____ PLEASE TYPE OR PRINT DATE	Approved by Foundation Accounting
By _____ / _____ SIGNATURE REQUIRED DATE	By: _____
By _____ / _____ SIGNATURE REQUIRED DATE	Date: _____

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