



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 Pickup Phone: _____

	Account	Fund	Dept ID	Program	Class	Proj./Grant	Amount
1							
2							
3							
4							
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 # _____