



**AUGUSTA**  
UNIVERSITY

**CHECK  
REQUEST**

Department Name:

Payee Name & Address:

Recurring Voucher  Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Account 6 Digits	Fund 5 Digits	Department 8 Digits	Program 5 Digits	Class 5 Digits	Project 15 Digits	AMOUNT

Vendor ID, Vendor Federal ID or EMPLID :	Invoice Number:	Total:
<i>For accurate posting purposes - Please issue <u>one</u> check request <u>per</u> invoice.</i>		

Justification /Additional Instructions:

<b>APPROVALS</b>		<b>Attachments:</b>
Departmental / Requestor Contact: Name:	Date:	Attachment to be mailed with check? YES ** NO
Title: AU ext:		<b>**Please paperclip attachment to FRONT of check request and it will be enclosed with the check mailed to the vendor.</b>
Departmental/Requester Contact Signature:		<b>For Student or Employee Related Checks: (Including professional dues, immigration or registration fees paid on behalf of a student or employee.)</b>
Budget/Fund Approver Name:		Mail Check ? YES NO
Budget/Fund Approver Title:		Permission given to another employee to pick up your check? YES NO
Budget/Fund Approver Signature:	Date:	<b>For Checks to Vendors or Other External Parties:</b>
Accounts Payable Processor Initials:	Date:	Mail Check to Payee: YES NO **
		<b>**Accounts Payable Policy requires vendor checks to be mailed. Requests to pick up checks should be reserved for exceptional circumstances, and must be justified in the section below, and approved by Accounts Payable.</b>

*This form is used for single payments for services rendered within a single fiscal year that do not exceed \$2,499. Reimbursements may be processed with this form up to \$5,000.*

**JUSTIFY REQUEST TO HAND DELIVER CHECK TO VENDOR:**

\_\_\_\_\_

**Accounts Payable Manager Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_