



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:

Justification /Additional Instructions:

APPROVALS

Departmental Contact:
Name:
Title: MCG ext:

Date:

Attachments:
Attachment to be mailed with check? YES ** NO
****Please paperclip attachment to FRONT of check request and it will be enclosed with the check mailed to the vendor.**

Budget/Fund Approver Name:
Budget/Fund Approver Title:

**For Student or Employee Related Checks:
(Including professional dues, immigration or registration fees paid on behalf of a student or employee.)**
Mail Check ? YES NO
Permission given to another employee to pick up your check?
YES NO

Budget/Fund Approver Signature:

Date:

For Checks to Vendors or Other External Parties:
Mail Check to Payee: YES NO **
****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.**

Accounts Payable Processor Initials:

Date:

JUSTIFY REQUEST TO HAND DELIVER CHECK TO VENDOR:

Accounts Payable Manager Approval: Date: