

Requestor Name (PRINT)		Extension	Date of Request
CHECK INFORMATION			
Check Amount:		Check Due Date:	
Payable To:			
Street Address:			
City:		State:	Zip Code:
ACCOUNT INFORMATION			
Business Unit:			
Reason for Check:			
GL Account #:		Amount (If different from frll amount):	
Are there attachments with the check? Yes No			
Send check and attachments:			
APPROVALS (Additional signature requirements to be determined by Finance)			
Finance Signature:		Date:	
Manager's Signature:		Date:	

Please return this form for processing to Accounts Payable.

ACCOUNTS PAYABLE USE ONLY	
Received BY:	
Vendor #:	Batch/ICN #:
Date Received:	Date Paid: