



OFFICE OF THE VICE PRESIDENT FOR FINANCE AND ADMINISTRATION  
ACCOUNTS PAYABLE

**CHECK REQUEST FORM**

DATE: \_\_\_\_\_

Amount of Check: \$\_\_\_\_\_

Payee: \_\_\_\_\_

Social Security Number \_\_\_\_\_  
(where applicable)

Full Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

Purpose or Description of Payment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Disposition of Check: \_\_\_\_\_ (U.S. Mail) \_\_\_\_\_ (Campus Mail)

Requested by: \_\_\_\_\_ Approved by: \_\_\_\_\_

Department: \_\_\_\_\_ Account: \_\_\_\_\_ P.C.: \_\_\_\_\_

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***For General Accounting Use Only***

1099 \_\_\_\_\_ RPA \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_