



CHECK REQUEST

DATE:

NOTE: This form should not be used where an invoice is available.



AMOUNT OF CHECK: \$ _____

PAYEE: _____

FULL ADDRESS: _____

PURPOSE OR DESCRIPTION OF PAYMENT: _____

DISPOSITION OF CHECK: (CHECK ONE) U.S. MAIL _____

HOLD _____

REQUESTED BY FUND / ACCT. / ORG. SIGNATURE OF DEPT. HEAD

.....
FOR GENERAL ACCOUNTING USE ONLY

Please include form W9 for Reporting Income Purposes, please contact AP dept. for copies or visit IRS.gov to print a form.
1099 _____