IONA UNIVERSITY

CHECK REQUEST FORM

(Please email to Iona@avidbill.com)

Date: _____

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

Amount of Check: $ _____

Payee (full name): _____

Full Address: _____

City: _____ State: _____ Zip: _____

Purpose or Description
of Payment: _____

_____

_____

Fiscal Year of Expense: _____

Disposition of Check (Check One): ☐ U.S. Mail ☐ Hold

Requested By: _____ Account: _____

Department: _____ Program: _____

Requester Signature: _____