



Check Request

(All Fields Marked * Are Required)

| | | |
|---|--|--|
| Department* | Campus Office/Room Number* | |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | |
| Submitting Individual* | Phone Extension* | Vendor Number |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| Account Number/Object Code & Amount* | Account Number/Object Code & Amount | |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | |
| Account Number/Object Code & Amount | Account Number/Object Code & Amount | |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | |
| Account Number/Object Code & Amount | Account Number/Object Code & Amount | |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | |

Payee*

Total Amount*

(For foreign currency receipts, please see website for [instructions](#).)

Permanent Address*

| |
|--|
| <input style="width: 95%;" type="text"/> |
| <input style="width: 95%;" type="text"/> |
| <input style="width: 95%;" type="text"/> |
| <input style="width: 95%;" type="text"/> |

Must Check One:

Mail Directly

Dept. Pick Up

Please describe the expense or activity and how it relates to business.*

| | |
|--|---|
| <p>Supervisor/Department Chair Signature/Date*</p> <p>_____</p> | <p>Financial Affairs Approval/Date*</p> <p>_____</p> |
| <p>Approver's Name (Please Print)*</p> | <p>Additional Finance Signature, if Applicable</p> |

This form is valid for the following types of expenditures:

| | | | | | |
|--|----------------------------|--------------------------|--------------|--------------------------|--------------|
| Membership & Dues | 59008 | Postage | 51011 | Awards | 51010 |
| Conference / Registration Fees | 53201 | Periodicals / Books | 51008 | Charitable Donations | 54202 |
| Travel and Entertainment | 53001 through 53008 | Online Subscription | 54104 | Royalties | 54206 |
| Professional Fees | 54004 | Cell phones | 58201 | Honoraria | 54204 |
| <i>(W-9 is required and must include Professional Services agreement or Speaker Agreement)</i> | | Moving Expenses | 54105 | <i>(W-9 is required)</i> | |
| | | <i>(W-9 is required)</i> | | | |

Reimbursements of up to \$250 for reproduction, computer software and repairs.
Original receipts must be submitted for receipts over \$25.
Proper documentation must be submitted within 60 days after the expense was paid or incurred.