



# CHECK REQUEST FORM

|              |     |              |  |    |
|--------------|-----|--------------|--|----|
| U.S. Citizen | Yes | No           | Is a Federal or State Grant Budget Code Charged in This Request? |    |
| W-9 Attached | Yes | No (On file) | Yes  | No |
| Student      | Yes | No           |  |    |

**\*\*\*Requests are due in the Business Office by 5:00 PM Monday. Checks are available by 10:00AM Friday. Requests received after 5:00 PM Monday will be processed the following week.**

To: Business Office

Date: \_\_\_\_\_

Please issue a check payable to:

Name: \_\_\_\_\_

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

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Purpose: \_\_\_\_\_

## Attach Supporting Documentation

Budget/Account to charge

\_\_\_\_\_

Requestor  
(Print and Sign)

Departmental/Senior Staff  
Approval (Print and Sign)

Instructions:

Mail to Payee

Return to Requestor