

ATU REQUEST FOR CHECK

DATE: _____

Honoraria

Game Officials

Refunds

Stipends

Agency Funds

Other

Supporting documentation **MUST** be attached to the Request for Check Form

OR

If no documentation is available, this form **MUST** be signed by the Payee

AGENCY FUND REQUESTS must be submitted to the Accounting Office, Old Art Bldg, Room 312 for verification. The Accounting Office will forward to the Disbursing Office for processing.

All other check requests are to submitted to the Disbursing Office, Administration Building, Old Art Bldg, Room 302.

Check Requested By: _____
(Department or Office)

FOAPAL #: _____
Index Fund Organization Account Program

The vendor block must be
completed before check
request will be processed.

T _____ RA _____

Vendor Number/T Number

Vendor Address No.

Check Payable To: _____

Send Check To Address: _____

Description of
Services/Goods OR
Reason for Refund: _____

Amount of Check \$ _____

Requested By: _____
(Signature)

Approved By: _____
(Signature of Immediate Supervisor)

Signature of Payee: _____
(If required. See above)

*Checks not mailed, must be picked up by the payee only.