

# 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 invoice is available, this form **MUST** be signed by the Payee and a memo submitted as documentation

**AGENCY FUND REQUESTS** must be submitted to the Accounting Office in Browning Hall, Rm 312 for verification. The Accounting Office will forward the check request to Accounts Payable.

**OTHER CHECK REQUESTS** are to be submitted to Accounts Payable in Browning Hall, Rm 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: \_\_\_\_\_  
\_\_\_\_\_

Check Box for Pickup Email Address for Notifications \_\_\_\_\_

Description of Services/Goods OR Reason for Payment: \_\_\_\_\_

Amount of Check \$ \_\_\_\_\_

Requested By & Date: \_\_\_\_\_  
(Signature)

Approval Signature: \_\_\_\_\_  
(Immediate Supervisor Sign & Date)

Signature of Payee: \_\_\_\_\_  
(If required. See above)

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