



DATE: _____

Rsvl Agency-09

Ozark Agency-33

ATCC Agency-09

AGENCY CHECK REQUEST FORM

This form is to be used for Agency funds only. It 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.

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

Check Requested By: _____
(Agency/Club Name)

Fund (begins with 8)

Account (usually 240200)

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

T _____
Vendor Number/T Number Vendor Address No.

Check Payable To: _____

Vendor Address (Required): _____

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: _____
(Sign & Date)

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

Checks must be picked up by the payee only. Checks will be mailed if not picked up within a week of the issue date..