

ATU REQUEST FOR CHECK

DATE: _____

☐
Honoraria

☐
Stipend

☐
Game Officials

☐
Refund

☐
Agency

☐
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 CHECK REQUESTS must be submitted to the Account 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

FOAPAL Information:

Fund _____ Org _____ Acct _____ Prog _____ Amount: _____

Fund _____ Org _____ Acct _____ Prog _____ Amount: _____

Fund _____ Org _____ Acct _____ Prog _____ Amount: _____

Check Total _____

Vendor Information:

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

Vendor ID (T#) _____ RA _____ (Vendor Address Number)

Check Payable To: _____

Send Check To Address: _____

City: _____ State: _____ Zip: _____

Select Box for Check Pickup ☐

Email Address for Notification: _____

Description of
Service/Goods or
Refund

Amount of Check: _____

Requested by : Sign & Date _____

Approval Signature: Immediate Supervisor Sign & Date _____

Signature of Payee(If required): _____

Checks not mailed must be picked up by the payee