

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: _____

Vendor Address (Required): _____

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