

# 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, Administration Building, Room 208 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, Room 206.

Check Requested By: \_\_\_\_\_

(Department or Office)

Services Performed for: \_\_\_\_\_

(Name of Department, Office or Agency Account)

FOAPAL #:

\_\_\_\_\_  
Fund

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Account

\_\_\_\_\_  
Program

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

T01

Vendor Number

Vendor Address No.

Check Payable To: \_\_\_\_\_

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

Amount of Check

\$ \_\_\_\_\_

Check Requested By: \_\_\_\_\_  
Signature

Approved By: \_\_\_\_\_  
(Signature of Immediate Supervisor)

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