



REQUEST FOR CHECK

This form is to be used to obtain reimbursement for expenditures made out of personal funds. RECEIPTS MUST BE ATTACHED. Other uses include payment for honoraria or interviewee expenses. Note that requests must be in the Accounts Payable Office (HH130) by the previous Friday at noon in order to be included in the weekly Monday check run.

Date:	Requested by:	Dept.:	Approved by:	Approved by:
			Dept. Chair/Head	Vice President

Make Check Payable to (FULL NAME):	Please Indicate Choice: <input type="checkbox"/> Will pick up check (HH130) Ext.: _____ <input type="checkbox"/> Campus Mail Bldg/Room: _____/_____ <input type="checkbox"/> U.S. Mail to (Non-Employee) _____ Name
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Date Needed:	Charge to Budget #:	Amount: \$ _____	Street
			City
			State _____ Zip _____

Check will be used for:

DO NOT WRITE BELOW THIS LINE

Vendor # _____
Due Date: _____
Voucher # _____