



Check Request

Name of Payee/Vendor: _____

Address of Payee/Vendor: _____

SSN (If Applicable): _____

Total Amount of Payment: _____

Date Check is Needed: _____

Check Delivery Method:

_____ Mail Check Directly to Address Above OR

_____ Interoffice Check To: Name: _____

_____ Pick Up Check: Name: _____

_____ Direct Deposit

Maildrop & Extension: _____

Extension: _____

Description of Request: _____

Cost Center & Expense Acct: _____

Requested By: _____

Approved By: _____

Date: _____

Date: _____

Please Note: This form should **NOT** be used to reimburse expenses, request cash advances, or supplement invoices.

Please allow 5 Business Days for Accounts Payable to Process this Request