

CHECK REQUISITION

To: PAYROLL

Date: _____



INSTRUCTIONS:

1. This form is **NOT** to be used in lieu of a purchase order requisition, travel advance/reimbursement or for items that could be interpreted as wages.
2. Any payment made to a business or individual for services must include the taxpayer identification or Banner T-number in the space provided and a completed W-9 from the vendor if one is not on file.
3. The check will be mailed to the payee at the address shown (an address is required). If you want the check to be held at the Controllers Office, to be picked up by the payee, mark an "X" in the hold box.
4. If you have any communication or attachments to accompany the check, attach them to this form.
5. Documentation **MUST** be attached to this form.

PAYEE A copy of the faculty contract, indicating that FREL funds were approved, must be attached to this document

Name _____

Address _____

City & State _____

Zip Code _____

Banner T # _____

(T# REQUIRED)

EXPLANATION:

Index 1: _____ Amount: _____

Index 2: FREL _____ Amount: _____

Total Amount \$ _____

Index 1

Index _____ Acct _____ Actv _____

Fund _____ Org _____ Acct _____ Prog _____

Index 2

Index FREL _____ Acct _____ Actv _____

Fund _____ Org _____ Acct _____ Prog _____

Department _____

Authorized by _____

Print Name _____

Dean or Dept. Head _____

Print Name _____

Vice President _____

Print Name _____

Purchasing Agent _____

Print

Copy 3 to Issuing Department