

CHECK REQUISITION

To: ACCOUNTS PAYABLE

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.

Please attach itemized receipts for each expense for which reimbursement is being requested.

(Receipts are not required for per-diem or mileage.)

PAYEE

Name Candidate Info goes here

HOLD

Address _____

Hold Name: _____

Hold Email: _____

City & State _____

Hold Phone: _____

Zip Code _____

Banner T # _____

(T# REQUIRED)

EXPLANATION:

Travel Expenses for (Candidate name), brought in to interview for (position name)

Flight: \$250

Shuttle: \$50

Total: \$300

Please list a summary of expenses and how they total the amount being requested. Attach an itemized receipt for each item.

Amount \$ 300.00

Index FREC Acct _____ Actv _____

Department _____

Fund _____ Org _____ Acct _____ Prog _____

Authorized by Your name goes here

Print Name _____

Dean or Dept. Head Your Dean signs here

Print Name _____

Vice President **Bring this to Provost's Office for Signature**

(we'll submit it to Accounts Payable)

Print Name _____

Purchasing Agent _____

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PAYEE Name Faculty Names goes here

HOLD

Address If Faculty doesn't have Auto-deposit, please have them fill in address information

Hold Name: _____

Hold Email: _____

City & State _____

Hold Phone: _____

Zip Code _____

Banner T # **You must include this** _____

(T# REQUIRED)

EXPLANATION: Reimbursements for dinner costs associated with campus interview of (Candidate Name) for the position of (position name). A completed Business Meal & Non-Instructional Food Certification Form and itemized receipts are attached for each meal.

Chef Alfredos: \$22
Pizza Cart: \$13

Please complete and attach a Business Meal form and itemized receipt for each Meal.

Provide a list of expenses

Amount \$ 35.00

Index FREC Acct _____ Actv _____

Department _____

Fund _____ Org _____ Acct _____ Prog _____

Authorized by Your name goes here

Print Name _____

Dean or Dept. Head Your Dean signs here

Print Name _____

Vice President **Bring this to Provost's Office for Signature**

(we'll submit it to Accounts Payable)

Print Name _____

Purchasing Agent _____

Don't forget to provide itemized receipts. Credit card statements will not be accepted as receipts.