

# CHECK REQUISITION

To: PAYROLL



Date: \_\_\_\_\_

**INSTRUCTIONS:**

1. A copy of the faculty contract showing that relocation funds were approved must be attached to this form.
2. Itemized receipts must be attached to this form. We cannot accept credit card statements.
3. You must include the Banner number in the space provided
4. Documentation (faculty contract, itemized receipts) **MUST** be attached to this form. After the form is completed and signed by the initiator and dean/chair, it should be forwarded to the Provost's Office for VP-level approval.
5. These funds are taxed as income. The actual amount received may be up to 30% less than the amount listed in the contract.
6. Funds are processed and paid out according the the payroll schedule. (Typically twice a month)

**PAYEE**

Name \_\_\_\_\_

Address \_\_\_\_\_

City & State \_\_\_\_\_

Zip Code \_\_\_\_\_

Banner T # \_\_\_\_\_

(T# REQUIRED)

**EXPLANATION:**

Index 1: \_\_\_\_\_ Amount: \_\_\_\_\_

Index 2: **FREL** \_\_\_\_\_ Amount: \_\_\_\_\_

Index 3: \_\_\_\_\_ Amount: \_\_\_\_\_

Total Amount \$ \_\_\_\_\_

**Index 1**

Index _____	Acct _____	Actv _____
Fund _____	Org _____	Acct _____ Prog _____

**Index 2**

Index <b>FREL</b> _____	Acct _____	Actv _____
Fund _____	Org _____	Acct _____ Prog _____

**Index 3**

Index _____	Acct _____	Actv _____
Fund _____	Org _____	Acct _____ Prog _____

Department \_\_\_\_\_

Authorized by \_\_\_\_\_ Print Name \_\_\_\_\_

Dean or Dept. Head \_\_\_\_\_ Print Name \_\_\_\_\_

Vice President \_\_\_\_\_ Print Name \_\_\_\_\_

Payroll Agent \_\_\_\_\_