

CHECK REQUISITION

To: **PAYROLL**

Date: _____



INSTRUCTIONS:

Please attach a summary of Expenses and a copy of receipts

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

Attach Copy of Faculty Contract indicating that relocation funds were approved

Name New Faculty Name

Address Mailing Address

City & State _____

Zip Code _____

Banner T # _____

(T# REQUIRED)

EXPLANATION:

Any amount beyond \$3000 must be paid by the college/school

Relocation incentive/reimbursement for relocation costs of new faculty member

You do not need to list taxes on here. Payroll will automatically deduct them.

Index 1: College/school Index Amount: \$1000

Index 2: FREL Amount: \$2000

Total Amount \$ 3000

Index 1	Index <u>College/School Index</u> Acct _____ Actv _____
	Fund _____ Org _____ Acct _____ Prog _____

Index 2	Index <u>FREL</u> Acct _____ Actv _____
	Fund _____ Org _____ Acct _____ Prog _____

Department _____

Authorized by _____

Print Name _____

Dean or Dept. Head _____

Print Name _____

Vice President _____

Print Name _____

Purchasing Agent _____