

Invoice Payment Request / Check Request

Make check payable to: _____

Address: _____

Detailed Reason for Request: _____

Amount of Check: _____

Special Instructions: _____

Department/Class Code (3 digits): _____

Account Code (4 digits): _____

Mail Check:

Hold Check:

Submitted by: _____

Date: _____

Approved by: _____

Date: _____

- Reminders:**
- ❖ Please refer to the Operating Policies & Procedures for full detail on check request policies.
 - ❖ Requests over \$250 require a Purchase Order
 - ❖ Proper documentation/back up/original receipts required.
 - ❖ Dean/Department Head Signature required.
 - ❖ Checks are cut on Fridays each week.
 - ❖ Sales tax will not be reimbursed.

