

STUDENT ORGANIZATION
ACCOUNTS PAYABLE CHECK REQUEST

Do not use this form for Employee/Student Reimbursements.

PAY TO : _____ ORG. NAME: _____
 ADDRESS: _____ REQUESTED BY: _____
 _____ PHONE: _____
 _____ DUE DATE: _____

IS THE PAYEE OR BENEFICIARY OF THE PAYMENT A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN? Yes No

- If yes, a completed and signed W-9 form must accompany this check request form when paying a new vendor.
- If no, please contact one of the people listed above under “Must be approved by one of the following.”

BUSINESS PURPOSE (include dates, location, event description):

NOTE: It is absolutely necessary to include Co, unit, and account on each form.

Co(3)	Unit(5)	Account(5)	Activity	Sub-Acct(4)/Category(3)		
<i>Sample</i> <u>010</u>	<u>99999</u>	<u>62000</u>	_____	_____	\$ <u>6.75</u>	
_____	_____	_____	_____	_____	\$ _____	Will Call: _____
_____	_____	_____	_____	_____	\$ _____	Mail to: _____
_____	_____	_____	_____	_____	\$ _____	Campus Mail: _____
_____	_____	_____	_____	_____	\$ _____	Special Instructions:
_____	_____	_____	_____	_____	\$ _____	
				Total	\$ _____	

APPROVED BY: _____ DATE: _____

Deadline to submit request is Noon Monday.