



Check Request
(All Fields Marked * Are Required)

Department*	Campus Office/Room Number*	
Submitting Individual*	Phone Extension*	Vendor Number
Account Number/Object Code & Amount*	Account Number/Object Code & Amount	
Account Number/Object Code & Amount	Account Number/Object Code & Amount	
Account Number/Object Code & Amount	Account Number/Object Code & Amount	

Payee* _____

Total Amount* _____
(For foreign currency receipts, please see website for [instructions](#).)

Permanent Address*

<p align="center">Must Check One:</p> <p align="center">Mail Directly</p> <p align="center">Dept. Pick Up</p>

Please describe the expense or activity and how it relates to business.*	
_____	_____
Supervisor/Department Chair Signature/Date*	Financial Affairs Approval/Date*
_____	_____
Approver's Name (Please Print)*	Additional Finance Signature, if Applicable

- This form is valid for the following types of expenditures:**
- | | |
|---------------------------------------|-------------------------------------|
| 1. Membership & Dues (3079/4079) | 6. Cell Phones (3053/4053) |
| 2. Travel & Entertainment (309X/409X) | 7. Professional Fees (3080/4080) |
| 3. Postage (3042/4042) | 8. Awards (3071/4071) |
| 4. Periodicals (3045/4045) | 9. Charitable Donations (3073/4073) |
| 5. Books (3043/4043) | 10. Royalties (3074/4074) |
11. Reimbursements of up to \$250 for reproduction, computer software and repairs. **Original receipts must be submitted for receipts over \$25. Proper documentation must be submitted within 60 days after the expense was paid or incurred.**