



**Check Request Form**

|                   |                       |
|-------------------|-----------------------|
| Payable to: _____ | Name of Vendor: _____ |
| Phone: _____      | Name of Event: _____  |
| Address: _____    | Date of Event: _____  |
| _____             |                       |

|                                  |                            |
|----------------------------------|----------------------------|
| <b>Breakdown of Total Amount</b> |                            |
| Item Description: _____          | Amount: _____              |
| Item Description: _____          | Amount: _____              |
| Item Description: _____          | Amount: _____              |
| Item Description: _____          | Amount: _____              |
|                                  | <b>Total Amount:</b> _____ |

|   |   |
|---|---|
| <input type="checkbox"/> Asset over \$800 (Furniture or Equipments) | <input type="checkbox"/> Mail to payee                  |
| <input type="checkbox"/> W9 Attached (or previously collected)      | <input type="checkbox"/> Return to originator           |
| <input type="checkbox"/> Invoice Attached                           | <input type="checkbox"/> Will pick up at Finance Office |
| <input type="checkbox"/> Receipt Attached                           | <input type="checkbox"/> Additional instructions: _____ |

|                            |             |
|----------------------------|-------------|
| Requestor Name: _____      | Date: _____ |
| Requestor Signature: _____ |             |

|                                      |                                  |
|--------------------------------------|----------------------------------|
| Approved by (Committee Chair): _____ | Approval Date: _____             |
| Committee: _____                     | Committee Chair Signature: _____ |

**For Internal Use Only**

|                                   |                         |
|-----------------------------------|-------------------------|
| Request Number: _____             | Name: _____             |
| Approved for Reimbursement: _____ | Signature: _____        |
| Reimbursement Check Number: _____ | Date of Approval: _____ |