

2010 – 2011
BUSINESS OFFICE
CHECK REQUEST FORM

This form is used to request a check. Vendor invoices or documentation associated with the check request **must** be attached to this form. Please call the business office at 920.563.7800 if you have any questions.

REQUESTED BY: _____ **DATE:** _____
 (Staff Member)

 (Building / Site) (Grade, Department, Program)

PAYABLE TO: _____ **CHECK SHOULD BE:** ☐ Mailed to "Payable To"
 (Name of Company)

 (Address)

 (City, State, Zip)
☐ Picked up on: _____
☐ Returned to Requester Above
☐ Mailed to:

RATIONALE / DESCRIPTION

ACCOUNT CODES: _____ - _____ - _____ - _____ - _____ = _____
 (Fund) (Location) (Object) (Function) (Project) (Amount)
 _____ - _____ - _____ - _____ - _____ = _____
 (Fund) (Location) (Object) (Function) (Project) (Amount)

TOTAL CHECK AMOUNT: _____

REQUESTER'S APPROVAL: _____ **DATE:** _____

SUPERVISOR'S APPROVAL: _____ **DATE:** _____

BUSINESS MANAGER'S APPROVAL: _____ **DATE:** _____