

2013 – 2014 BUSINESS OFFICE CHECK REQUEST FORM

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

REQUESTED BY:						DATI	DATE:		
_			(Staff Mem	ber)					
-			(Building /	Site)			(Grade, Department, Program)		
PAYABLE TO:		(Nam	e of Company)		CHECK SI	HOULD BE:	[] Mailed to "Payable To"		
	(Address)				-		 Picked up on:		
	(City, State, Zip)				-				
				RATIONALE	/ DESCRIPTI	ON			
ACCOUNT CODES:	 (Fund)	 (Location)	– – (Object)	(Function)	= (Project)	(Amount)	_		
	 (Fund)	 (Location)		(Function)	= (Project)	(Amount)	_		
TOTAL CHECK AM	. ,	. ,		, γ		. ,			
REQUESTER'S APPROVAL:						DAT	E:		
SUPERVISOR'S APPROVAL:						DA	TE:		
BUSINESS MANAGER'S APPROVAL:						DA	TE:		
(Revised July 2013)							Form ID: CHEC		