

2014 - 2015

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:	DATE:			
	(Staff Member)			
	(Building / Site)			(Grade, Department, Program)
PAYABLE TO:	(Name of Company)		_ CHECK SHOUL	D BE: [] Mailed to "Payable To" [] Picked up on:
	(Address)		_	[] Returned to Requester Abo
	(City, State, Zip)		_	[] Mailed to:
		RATIONALE	/ DESCRIPTION	
ACCOUNT CODES:	(Location) (Object)	(Function)	=(Project)	nount)
(Fund)	(Location) (Object)	(Function)	(Project) (Amo	nount)
TOTAL CHECK AMOUNT	:			
REQUESTER'S APPROVAL:				DATE:
SUPERVISOR'S APPROVAL:			DATE:	
BUSINESS MANAGER'S	APPROVAL:			DATE:

(Revised July 2014) Form ID: CHECK