CHECK REQUEST

Date: _____   Check Payable To: _____

Submitted By: _____

Store/Vendor Purchased From (or Paying To)	For What Event? (if applicable)	What Was/Is Being Purchased/Paid For?	Amount	Apply to Which Department?	Apply to What Account? (refer to department budget)
_____	_____	_____	$ ____	_____	_____
_____	_____	_____	$ ____	_____	_____
_____	_____	_____	$ ____	_____	_____
_____	_____	_____	$ ____	_____	_____
_____	_____	_____	$ ____	_____	_____
_____	_____	_____	$ ____	_____	_____
_____	_____	_____	$ ____	_____	_____
_____	_____	_____	$ ____	_____	_____
_____	_____	_____	$ ____	_____	_____
_____	_____	_____	$ ____	_____	_____
_____	_____	_____	$ ____	_____	_____
_____	_____	_____	$ ____	_____	_____
		Total to be reimbursed:	$ ____		

Approval Signature*: _____   Date: _____

Requests without approval signature will not be processed. Please see the following for whose signature you need:

Staff Member - have your Department Head sign; Department Head - have the Financial Director sign; Non-Staff - have your Staff Liaison sign

How would you like to receive your check?

_____ Leave check in your box (staff only)

_____ Leave check in _____'s box

_____ Leave check in reception area pick-up box
          (in folder labeled 'checks')

_____ Mail Check to this address:

_____

_____

Instructions:

▪ List expenses by receipt (attach receipts in the same order they're listed)

▪ Use multiple lines for a receipt if it is for multiple events, depts and/or accounts (mark on receipt which items are for what)

▪ If it is unclear what an item is on a receipt, write what the item is next to the amount on the receipt

▪ Submit request to the proper person for approval by Tuesday

▪ Checks are written on Thursdays (contact Bookkeeper if check is required on any other day)