



**Accounts Payable
Check Request
Accounting CB 2900**

**If personal receipts total \$150 or less, receipts should be taken to the Bursar's Office for reimbursement.
If receipts total more than \$150, complete and print this form and mail to Accounting.**

Check Payable to: _____ **Date:** _____
Address: _____ **Colleague ID #:** _____
 _____ **or S.S.#:** _____
 _____ **or Federal Tax ID #:** _____

Check Distribution: US Mail Campus Mail: CB# _____ Pickup: _____

Charge To:

Acct. Title: _____	Acct. Number: _____	Amount: _____
Acct. Title: _____	Acct. Number: _____	Amount: _____
Acct. Title: _____	Acct. Number: _____	Amount: _____
Acct. Title: _____	Acct. Number: _____	Amount: _____
		Tax: _____
		Total: _____

Explanation: _____

Contact Person: _____ **Campus Box:** _____ **Extension:** _____

Department: _____

Approved By: _____
 (Signature) (Printed Name)

Additional Signatures: _____
 (Signature) (Printed Name)

 (Signature) (Printed Name)

 (Signature) (Printed Name)

Date Check Needed: _____

Name of Student Organization (if applicable): _____

For Departmental and Student Organization Use