



**Accounts Payable
Check Request
Accounting CB 2900**

**If personal receipts total \$150 or less, please complete the [Online Petty Cash Reimbursement Form](#).
If receipts total more than \$150, complete and print this form and mail to Accounting.
*If using external grant funds use the Grant Check Request Form.***

Date: _____

Check Payable to: _____ Vendor/University ID #: _____

Address: _____ or S.S.#: _____

_____ or Federal Tax ID #: _____

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

Date Check Needed: _____

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)

Name of Student Organization (if applicable): _____

For Departmental and Student Organization Use