



**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# \_\_\_\_\_

Date Check Needed: \_\_\_\_\_

*Charge To:*

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**