

CHECK REQUEST FORM

(Revised 12/2011)



All purchases should be made using a PCard or the ePro requisition. This form is ONLY for refunds and accounting transactions.

<input type="radio"/> DL773	<input type="radio"/> HS763	<input type="radio"/> NT752	<input type="radio"/> SY769
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Pay to (Name):

Mailing Address

City	State	Zipcode	To pick up check indicate name/number to call when ready
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Prepared by:	Department:	Contact Phone:	Date of request:
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Choose a reason and complete the requested information below.

Refund (Note: This is not a reimbursement, this is for non-employees.)

Receipt # _____ Amount \$ _____ DeptID/ProjID _____

Purpose of Refund:

Accounting Transactions

Amount \$ _____ DeptID/ProjID _____

Purpose of Transaction:

Reduction of Revenue

Amount \$ _____ Account # _____

Purpose of Expenditure:

Approval
Signature
(DeptID Holder)

Date