CHECK REQUEST FORM

(Revised 12/2012)

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



⊖ DL773	⊖ HS763		752 🖸	⊖ SY769			
Pay to (Name):							
Mailing Address							
City		:	State Zip		e	To pick up check indicate name/number to call when rea	
Prepared by:	repared by: Departm		ient:		Contact Phone:		Date of request:
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 Refur	nd:						
Accounting Transactions							
Amount \$			DeptID/ProjID)			
Purpose of Trans	action:						
Reduction o	f Revenue						
Amount \$			Account #				
Purpose of Expe	nditure:						

Approval Signature (DeptID Holder) Date

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