

CHECK REQUEST FORM

(Revised 12/2012)



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
Pay to (Name):			
Mailing Address			
City	State	Zipcode	To pick up check indicate name/number to call when ready
Prepared by:	Department:	Contact Phone:	Date of request:

Choose a reason and complete the requested information below.

<input type="checkbox"/> Refund (Note: This is not a reimbursement, this is for non-employees.) Receipt # _____ Amount \$ _____ DeptID/ProjID _____ Purpose of Refund:
<input type="checkbox"/> Accounting Transactions Amount \$ _____ DeptID/ProjID _____ Purpose of Transaction:
<input type="checkbox"/> Reduction of Revenue Amount \$ _____ Account # _____ Purpose of Expenditure:

Approval
Signature
(DeptID Holder)

Date