

Check Request Form

OFFICE OF THE CONTROLLER UNT SYSTEM™

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

Choose a reason and complete the requested information below

| | | |
|-------|-------|---|
| DL773 | HS763 | Refund (Note: this is not a reimbursement, this is for non-employees) |
| NT752 | SY769 | Accounting Transaction |
| | | Reduction of Revenue |

Pay to (Name)

Mailing Address

City

State

Zip Code

Prepared by

Department

Contact Number

Date of Request

To pick up check indicate name/number to call when ready

Amount\$

GL Account (5 digits)

Dept

Fund Cat (3 digits)

Function (3 digits)

PC Bus Unit**
(5 characters)

Project**
(6 characters)

Activity**
(3 digits)

Fund (6 digits)

Program (4 digits)

Purpose (5 digits)

Site

*Required **Also required if a ProjID

Purpose of the Refund, Transaction or Expenditure

Approval Signature (Fund Holder) _____ Date _____