



## Check Request Form

DATE \_\_\_\_\_ NEED CHECK BY \_\_\_\_\_

We write checks on Wednesdays at 3pm and sign them on Thursdays. Any extenuating circumstances have to be approved by the Dean of Business Affairs

MAKE PAYABLE TO \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE, ZIP \_\_\_\_\_

INVOICE NUMBER \_\_\_\_\_

MAIL CHECK

PLEASE GIVE CHECK TO:

\_\_\_\_\_

AMOUNT \_\_\_\_\_ CHARGE TO ACCOUNT NUMBER \_\_\_\_\_

EXPLANATION \_\_\_\_\_

SIGNATURE \_\_\_\_\_