



Check Requisition

Date _____

CR Number _____

Amount _____

Date Required _____

Please allow three working days for processing.

Is payee an independent contractor?

Yes No

Tax ID Number _____

Check If Social Security

Attach a W9 if this is an honorarium.

Payee Name _____

Payee Address 1 _____

Payee Address 2 _____

City _____ State _____ Zip _____

Reason for request (Attach supporting documents)

Further Instructions (Mail check / return it to requestor / info to include on stub...)

Use The Format: Fund.Cost-Center.Account (00.0000.00000)

Account Number _____ Amount _____

Account Number _____ Amount _____

Account Number _____ Amount _____

Requested By _____ Charge to Dept _____

Approver Name _____ Approver Signature _____

Internal Use Only

Supplier Number _____

Termination Date _____

1099 Type _____

Additional Instructions

- ▶ Attach an envelope if the check is to be returned to the requesting department/person.
- ▶ **Supporting documentation must be attached.**
- ▶ Please use additional forms if you have more account numbers.