

Check Request Form



Check Request Form

Check Detail

Date Requested: 08/17/2016

Pay to: Vendor name as it should appear on the check

Amount: \$2,000.00

Hold for Pick Up? YES: NO:

If yes, what is the name of the person picking up? If yes was checked on the preceding line a name would go here

Address to Mail Check: If NO was check above a complete mailing address should be here.

Are the check attachments to be mailed? YES: NO:

Reason for Request: Honorarium for services provided to the University

Special Instructions: _____

Account Detail

JU Vendor ID#: 0342071 given to vendors who have a W-9 on file

Account Number to Charge: 11-00-00000-00000

Check Requested by: Person filling out paperwork. **Phone:** ext. 7059

Approved by: approved departmental rep as determined by department head

Please note the following:

** ALL REQUESTED INFORMATION MUST BE COMPLETED TO ENSURE PROPER AND TIMELY PROCESSING.*

** IF CHECK REQUESTS ARE NOT SUBMITTED BY 10AM MONDAY MORNING OF EACH WEEK, PAYMENT WILL BE DELAYED.*

** IF THIS IS A NEW VENDOR OR IF THERE HAS BEEN A REVISION TO THE VENDOR'S ADDRESS, A W9 FORM MUST BE SUBMITTED WITH THIS REQUEST – CHECKS WILL NOT BE RELEASED WITHOUT THE SIGNED W9.*

** THIS FORM IS NOT TO BE USED FOR EMPLOYEE EXPENSES OR ADVANCES (USE THE EXPENSE REPORT OR TRAVEL ADVANCE FORMS).*