

COUNTY COLLEGE OF MORRIS Business and Finance Division Procedures	
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General

There are certain expenses that occur/recur once a year, are anticipated annually and budgeted for accordingly. In addition, there are certain travel expenses that are pre-approved via the "Travel Authorization/Cash Advance Request" form. To eliminate duplicate approvals for these types of expenses, a "Check Request" form can be used to initiate payment. The check request form can be found @ ccm.edu under Faculty/Staff, E-Forms.

A check request form can be used for the following types of expenses:

- Membership Dues/Fees
- Subscription/Publication Renewals
- Conference/Seminar Registrations previously approved on a Travel Authorization/Cash Advance form (See procedure 03.09.01)
- Hotel Costs previously approved on a Travel Authorization/Cash Advance form (See procedure 03.09.01)
- Insurance payments (excluding Nurse Malpractice Insurance)
- Referee/Umpire payments
- Security criminal history check

All other requests **must** be processed through Colleague's Purchase Order system. (See procedure 09.09.01.)

Authority

Vice President for Business and Finance

Responsibility

All Department Heads approving a check request
Director of Accounting

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Procedure

1. Complete the Check Request Form (See Attachment 1): The form can be found @ ccm.edu under Faculty and Staff, E-Forms.
 - a. Enter the date of the request.
 - b. Enter the vendor (payee) name and address.
 - c. Enter the amount being requested.
 - d. Using Colleague's Account Balance Inquiry Screen (ACBL), make sure the budgeted funds are available for the selected account. **Please note, if the budgeted funds are not available for the amount being requested, Accounts Payable can not process the request.** (If funds are not available, a budget change request form must be processed. See procedure 02.04 for detailed instructions.) Check the confirmation box on the form if the funds are confirmed available and enter the appropriate account number on the check request form.
 - e. Check the reason for the request. If a reason is not available on the form, then this form **cannot** be used.
 - f. Check/identify any special instructions for Accounts Payable in regards to handling the processing of the check. (i.e. Send attached supporting documentation with the check to the vendor, hold for pick-up by the originator, etc.)
 - g. The Originator needs to print their name and their phone extension on the form. This will be the extension used by Accounts Payable in case of problems with the request.
 - h. The Department Head must sign their approval of the request (The signature may be electronic).

Please note, if any of the above steps are missed, it may cause an unnecessary delay in the process of the payment.

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2. Forward the Check Request Form and all supporting materials to Accounts Payable (HH210). This information can be sent via email to accountspayable@ccm.edu
3. Accounts Payable will review the request for availability of budgeted funds, propriety of expenditure and appropriate approval.
 - a. If the check request is appropriate, the Accounts Payable department will process the request through the Colleague Accounts Payable system.
 - b. If there are any problems with the request, Accounts Payable will contact the Originator at the phone extension included on the form, to try and resolve any problems. If the problem cannot be resolved with a phone call, an "Accounts Payable Request" form will be forwarded to the Originator to identify the problem and the suggested solution.
4. The check will be printed in the subsequent check run and mailed to the vendor unless other arrangements are identified in the "Special Instructions" section of the form.



CHECK REQUEST FORM

For instructions on the use of this form, please see procedure #03.10.

Vendor # _____

Date: _____

Vendor Name: _____

Address (Street): _____

Address (Town, State, Zip): _____

Payment Amount: _____

Attach Supporting Documentation.

Check Requests will be returned if amount requested is not adequately supported.

Account Number: _____

Confirmed Availability of Budget

Check Requests will be returned if Budgeted Funds are not available.

(Use "ACBL" Inquiry Screen in Ellucian)

CHECK REASON FOR USING THIS FORM.

If reason is not available, this form CANNOT be used.

- Membership
- Subscription/Publication
- Conference/Seminar Registration TRA Number Required: _____
- Hotel Costs TRA Number Required: _____
- Insurance (excluding Nurse Malpractice - Use "REQM" screen in Ellucian)
- Referee/Umpire
- Security Criminal History Checks
- Construction Permits/Fees

SPECIAL INSTRUCTIONS

- Send supporting documentation with check to the vendor.
- Note the following on the check stub: _____
- Hold check for pick-up by the Originator. Originator's phone extension: _____
- Other. Describe: _____

APPROVAL

Originator's Name (Please Print)

Phone Extension

Department Head