



# 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