



## Check Request Form

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**Make check payable to:**

**Social Security Number:**

*(required if Payee is an individual)*

**Address:**

**Purpose of Request:**

**Amount of Check:**

**Charge to this Budget:**

**List Additional Information Below** *(hold check, mail on certain date, etc.):*

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**Date Submitted:**

**Requestor's Signature:** \_\_\_\_\_

**Dean/Department Head Signature:** \_\_\_\_\_

**IMPORTANT INFORMATION:**

***Please attach receipts, invoices, or other documentation and forward to Mike McCoy in the Office of Financial Affairs.***