



CHECK REQUISITION

Pay To: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Description/  
Business Purpose: \_\_\_\_\_

U.S. Citizen/Permanent Resident      Federal Tax Identification Number (SSN/EIN/TIN): \_\_\_\_\_

Resident Alien       Non-Resident Alien      If Resident Alien/Non-Resident Alien, List Country & Visa Type: \_\_\_\_\_

*(Must check one if payment is to an individual)*

(✓) for payment in foreign currency. Indicate currency (Euro, etc.) here: \_\_\_\_\_

ENTER AMOUNTS BELOW IN FOREIGN CURRENCY.

PAYMENT OPTIONS -- See Instructions

Check, send U.S. mail, no attachments       Check, with Special Handling:

U.S. Mail, with attachments

Campus mail, address: \_\_\_\_\_

Electronic Bank Transfer       Pick-up, campus phone: \_\_\_\_\_

ACCOUNT DISTRIBUTION  
(ATTACH ADDITIONAL SHEET IF MORE SPACE NEEDED)

*FUND (6)	*ORGANIZATION (5)	*ACCOUNT (5)	*PROGRAM (5)	ACTIVITY (5)	LOCATION (4)	CURRENCY AMOUNT

\* Required fields for data entry

**TOTAL:** \_\_\_\_\_

PERSONAL SIGNATURES ARE NECESSARY IN SPACES BELOW

Requested By: \_\_\_\_\_      Date: \_\_\_\_\_ (mm/dd/yy)

Department: \_\_\_\_\_      Phone: \_\_\_\_\_

Approved: \_\_\_\_\_      Date: \_\_\_\_\_

Approved: \_\_\_\_\_      Date: \_\_\_\_\_

ACCOUNTING USE ONLY

Vendor I.D.#: \_\_\_\_\_      Transaction Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year      Month      Day

Vendor Invoice #: \_\_\_\_\_      Address Code: \_\_\_\_\_      Address Seq: \_\_\_\_\_

Vendor Invoice Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Invoice Due Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year      Month      I      Year      Month      Day

Item Description: \_\_\_\_\_

Compliance: \_\_\_\_\_      1099: \_\_\_\_\_      Process Type: \_\_\_\_\_

Date