

Check Request (Multi-part form)

Forms available: Research and Sponsored Programs Office – 25 Main Room 103
Foundation Administration – 25 Main Room 203

Place a check mark next to the appropriate Foundation Office

Check the appropriate box for delivery type. Enter a telephone extension if necessary.

Check the Mail Attachment box if something is to be mailed with the check. Please provide a copy of attachment

Enter individual or vendor name

Enter complete address

If payment is to vendor, list each invoice amount separately

Enter the amount to be charged to each project/object code

Enter column total

Obtain Authorized Signature(s)

Enter zip so that the green copy of the check request can be returned, phone number and name of person to contact if there are questions regarding paperwork

For hospitality, food, beverages and entertainment reimbursement enter date, time, location, purpose and attendees (if less than ten provide a list of names)

Enter the project and object codes

Enter a detailed description of the nature of the expenses

Check Request
(Project #'s 30000-99999)

Check Request #: _____

Research & Sponsored Programs (RESP) Zip 870
 Foundation Administration (Admin) Zip 246

PAYEE: _____

ADDRESS: _____

Pick-Up at AS Business Office, Call Ext. _____
 Mail to address Shown
 Mail Attachment (Copy Attached)
 Place the date here _____

Date of Request: _____

Complete For Food/Hospitality Expenses: Date, Time & Location _____

Business Purpose & Benefit to Foundation/University _____

Attendees _____
(If fewer than 10 individuals please list by name otherwise enter the number of attendees)

Please DO NOT WRITE IN SHADED AREAS

Amount	Vendor Number	Project	Object	Invoice No.	Total Amount	Invoice Date	1099	Or Misc.
	Do not write in shaded areas			Do not write in shaded areas				
				NATURE OF EXPENSES: _____				
Total Amount Of Check								

Med Dep
Available in your Flex Acct.

By signing below, I certify that all items attached are for official Foundation business, are allowable and allocable to the specific projects listed and all goods/services were received.

Signature(s) of Project Director or Authorized Representative(s)
(Signature on file in RESP/Admin Office)

Signature of Foundation Representative

Campus Zip: _____

Contact Phone & Name: _____ / _____

CHECK NO: _____

DATE: _____

Complete request form, attach required backup documents and submit to the appropriate Foundation Office
Research and Sponsored Programs, 25 Main Room 103 (Zip 870) or
Foundation Administration, 25 Main Room 203 (Zip 246)