

Check Request Form



For Payment of Services Performed or Material Purchased

Make Check Payable To:

Name: _____ Date: _____

Address: _____ Phone: _____

_____ Fax: _____

Explanation of Expense(s):

Charge To: (Intramural, Travel, General)

_____ Amount: _____

_____ Amount: _____

_____ Amount: _____

Requestor would like check payment: (check one)

Mail to Payee Mail to Payee with attachments Call when ready

Requested By: _____ Date Requested: _____

(Please Print Name)

Approved By: _____ Date Approved: _____

(Please Print Name)

1. A Check Request is required for all expenditures.
2. Approval must be by a **PASC** Executive Board Member.
3. All requests must have two signatures: Requestor and Approver.
4. Supporting documentation must be attached (invoice, receipt, etc.).
5. Full description of the expenditure must be completed.
6. If the Check Request is for reimbursement of expenditures incurred by a **PASC** Member on behalf of **PASC**, above procedures must be adhered to.