

CHECK REQUEST

Date _____

PAYEE _____

ADDRESS _____

Is the payee or beneficiary of this payment a U.S. Citizen or Permanent Resident Alien?
Yes No Don't Know

(If Yes, there is no change to current procedures; if No or Don't Know, provide the payee with a Tax Compliance Notification Sheet (TCNS) and a W-9*. When the completed form(s) are returned to you, attach the form to the check request and supporting documents. Forward the entire packet to Accounts Payable.)

Gross Up: Yes No

Is this compensation for services? Yes No

(If yes, and payee is an employee, please process through payroll.)

Is this for reimbursement for expenses for an employee? Yes No

(If yes, please use Employee Expense Reimbursement Form)

Fund	Organization	Account	Activity	Amount	Description
Date wanted: _____				Total : \$ _____	Approval by Dept. Head: _____

Return to Department (Name) _____

Send in U.S. mail

Hold for Pick-up @ A/P

*See Business Office website for forms