



REQUEST FOR CHECK – FACULTY/STAFF PROFESSIONAL DEVELOPMENT

Purpose – To request payment of professional development expenses
 (Please retain a copy for your records)

Attach all original receipts to this report:
 Please print or type:

TODAY'S DATE _____

PERSON REQUESTING _____

DEPARTMENT _____ AMOUNT _____

ITEMS REQUESTED _____

CHECKS TO BE MADE PAYABLE TO (NAME & ADDRESS): _____

MAILING INSTRUCTIONS (CIRCLE ONE):

- REGULAR MAIL;
- REQUEST OR PICK UP (PHONE # _____);
- PAYEE PICKUP (PHONE # _____); OTHER _____

REQUESTER: SIGNATURE _____

MANAGER/UNION APPROVAL: _____ DATE _____

FOR BUSINESS OFFICE USE ONLY:

ACCOUNT	DEPT#	AMOUNT
_____	_____	_____
_____	_____	_____
BATCH # _____	REF # _____	POSTED _____

