



REQUEST FOR CHECK

Purpose – To request payment of expenses

(For mileage reimbursement use Form AP-2; for other travel reimbursement use Form AP-3; and for professional development use Form AP-4)

(Please retain a copy for your records)

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

TODAY'S DATE _____

PAYEE _____

AMOUNT _____

ADDRESS _____

CITY _____ STATE _____

FOR PAYMENT OF _____

DATE REQUIRED (EXPECTED TURNAROUND IS 30 DAYS) _____

MAILING INSTRUCTIONS (CIRCLE ONE):

___ REGULAR MAIL; ___ REQUESTOR PICK UP (PHONE # _____);

___ PAYEE PICKUP (PHONE # _____); ___ OTHER _____

DEPARTMENT TO CHARGE: _____

REQUESTER: SIGNATURE _____ DEPARTMENT _____

BUDGET MANAGER APPROVAL: _____ DATE _____

FOR BUSINESS OFFICE USE ONLY:

ACCOUNT DEPT# AMOUNT

_____ _____ _____

_____ _____ _____

BATCH # _____ REF # _____ POSTED _____