

# 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.