



Accounts Payable Check Request Accounting CB 2900

If personal receipts total \$150 or less, receipts should be taken to the Bursar's Office for reimbursement.
If receipts total more than \$150, complete and print this form and mail to Accounting.

Check Payable to: _____ **Date:** _____
Address: _____ **Datatel ID #:** _____
_____ **or S.S #:** _____
_____ **or Federal ID #:** _____

Check Distribution: ☐ US Mail ☐ Campus Mail: CB# _____ ☐ Pickup: _____

Charge To:

Acct. Title: _____ Acct. Number: _____ Amount: _____
Acct. Title: _____ Acct. Number: _____ Amount: _____
Acct. Title: _____ Acct. Number: _____ Amount: _____
Acct. Title: _____ Acct. Number: _____ Amount: _____

Tax: _____

Total: _____

Explanation: _____

Contact Person: _____ **Campus Box:** _____ **Extension:** _____

Department: _____

Approved By: _____
(Signature) (Printed Name)

Add'l Signatures: _____
(Signature) (Printed Name)

(Signature) (Printed Name)

Date Check Needed: _____
(Request must be in Accounts Payable by 1 p.m. on Monday and Wednesday to be processed the next business day.)

Name of Student Organization (if applicable): _____

For Departmental and Student Organization Use