CHECK REQUEST FORM	
DEPARTMENT:	
NAME:	
DATE:	
REQUEST IS FOR:	
DATE NEEDED:	
CHECK AMOUNT:	
PAYABLE TO:	
SEND CHECK TO:	
ADDRESS IF TO BE MAILED:	
IS TAX EXEMPT FORM NEEDED?	
Departmental Approval by:	
Date:	
If payment is for services rendered over	
\$600.00/year, has W-9 been requested?	