

CHECK REQUEST

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| TO: Assistant Vice President, Financial Services | | | | | | | |  |
| FROM:**Rachel Malone**  Print | | | | | | INDEX: **LAB 085** | | ACCOUNT: **64507** |
| DATE: | | | | | | Budget Administrator’s Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Club Officer Club Advisor | | |
| Reviewed by the Assistant VP, Financial Services: | | | | | | | | |
| Request check in the amount of ***($250 limit not including travel):*** | | | | | | | | $ |
| To be made payable to the order of: | | | | | |  | |  |
| NAME: | |  | | | | | | |
| ADDRESS: | |  | | | | | | |
| CITY/STATE/ZIP: | |  | | | | | | |
| PURPOSE:**Mentor Teacher Stipend** | | | | | | | | |
| CHECK NEEDED BY (DATE): | | | | | **NEXT CHECK RUN** | |  | |
|  | Mail check to the above address | | | | | | | |
|  | Mail check to the above address with attached form **(INCLUDE DUPLICATE COPY FOR A/P)** | | | | | | | |
|  | Check to be released to: | | |  | | | | |
|  | Other instructions: | |  | | | | | |
|  |  | | | | | | | |

**\*\* PAYMENTS WILL NOT BE ISSUED WITHOUT PROPER SUPPORTING DOCUMENTATION \*\***

Office of Financial Services use only:

Vendor @