SECTION: Business Affairs/Purchasing
SUBJECT: Instructions for Completion of Check Request Form and Sample Form

ISSUED BY: Office of Business Affairs
REPLACES:
APPROVED BY: Vice President for Business Affairs and Treasurer
EFFECTIVE DATE: July 1996

Instructions for completion of Check Request Form

A Check Request Form may be used to request payment of honoraria, services to employees or students and prepayment of goods and services. Refer to the following page for an example of the Check Request Form.

1. Date.
2. Department, organization or individual placing the request.
3. Complete name and address of vendor.
4. Social Security Number is required for honorariums and services which exceed $100.
5. The amount for which the check should be issued.
6. Date the check is needed.
7. Complete description of item(s) to be purchased, or services rendered.
8. Check one of the boxes specifying the person to whom the check should be transmitted. If the check is not to be sent to the payee, fill in the complete name and address of the destination.
9. Purchase order number assigned prior to purchase. Encumbrance on specified account will only be reduced if purchase order is supplied.
10. Full account number to be charged.
   a. If applicable, provide the revenue account number that offsets expenses.
11. The amount for which the check should be issued.
12. Hand written signature or initials of department head authorized to approve expenditure.
# CHECK REQUEST FORM

**SAMPLE FORM ONLY**

**DATE:** ________________

**SUBMITTED BY:**

**MAKE CHECK PAYABLE TO:**

**DEPARTMENT OR CAMPUS ORGANIZATION**

**NAME**

**ADDRESS**

**SOCIAL SECURITY/ FED TAX ID #:** ____________________________

**FORM W-9 IS:**

- □ COMPLETED AND ATTACHED
- □ ON FILE IN ACCOUNTS PAYABLE

**AMOUNT:** $__________________________

**DATE NEEDED:** ____________________________

**PURPOSE:**

**SEND CHECK TO:**

- □ PAYEE ABOVE
- □ OR: ____________________________________________

**ATTACH COPIES OF SUPPORTING DOCUMENTS FOR BUSINESS OFFICE**

**SPECIAL INSTRUCTIONS:**

(i.e. MAIL CHECK WITH ATTACHED ORIGINAL DOCUMENT)

**PLEASE COMPLETE A, B, C, D AND E BELOW**

<table>
<thead>
<tr>
<th>PO#</th>
<th>(A) APPROVAL FOR PAYMENT</th>
<th>1099</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept. &amp; Account No. (B)</td>
<td>Amount (C)</td>
<td>Vendor No.</td>
</tr>
</tbody>
</table>

1.  

2.  

3.  

4.  

5.  

6.  

7.  

8.  

9.  

10.  

11.  

12.  

**Payment to Asbury College Employees or Students FOR SERVICES RENDERED** must be processed through the Payroll Department

**“SUBMIT REQUEST FORM TO HUMAN RESOURCES”**

**HR Approval** | **Business Office Approval**