XAVIER UNIVERSITY

REQUEST FOR CHECK

ID NO.–VENDOR NAME–PERMANENT ADDRESS–ZIP CODE:

Banner ID No. or Soc. Sec. No.*_____
*Required for checks to individuals

DATE OF REQUEST: ___/___/___

DATE NEEDED: ___/___/___

REQUISITIONING DEPT.: _____

DEPT. CONTACT: _____
NAME

_____
PHONE & MAIL LOCATION

ROUTING OF CHECK:

☐ MAIL TO VENDOR ☐ HOLD FOR PICK-UP BY: _____

PHONE NUMBER: _____

BUDGET NUMBER(S)
Enter Fund or Org. — NOT BOTH

FUND	ORG.	ACCOUNT	AMOUNT
			$ ____.____
			$ ____.____
			$ ____.____
			$ ____.____
			$ ____.____
			$ ____.____
			$ ____.____

TOTAL $ ____.____

FOR COMPTROLLER'S OFFICE USE

FUNDS AVAILABLE

☐ YES DATE _____

☐ NO BY _____

VENDOR INV. NO.	INV. DATE	BANNER INVOICE NO.

PURPOSE FOR WHICH FUNDS ARE REQUESTED:

	AMOUNT

TOTAL

SIGNATURE (CASH PICK-UP) X

CERTIFICATION AND APPROVAL

I CERTIFY THAT THE ABOVE REQUEST REPRESENTS A PROPER UNIVERSITY EXPENDITURE, THAT FUNDS ARE AVAILABLE, AND THAT IT IS NOT A DUPLICATION OF A PRIOR REQUEST.

REQUESTED BY _____ APPROVED _____ APPROVED _____
ORIGINATOR DEPARTMENT HEAD

CO 0404/2-51122/PDF

Return to Accounts Payable, ML 4531