

Payee an employee? ☐ Yes ☒ No Work Study Student? ☐ Yes ☒ No

ID@

Name Tax ID/SS#

Address Requester

City State Zip Code Department

Country Campus Extension

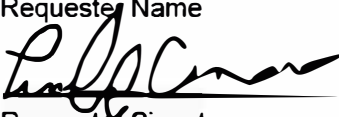
Payment Date

Payment Type

All fields required. Incomplete forms will be returned to requester resulting in payment delay.
**Only under special circumstances will checks be allowed to be picked up by individuals
☐ **Department check is to be returned.

FUND	ORG	ACCT	PROG	ACTV (optional)	DESCRIPTION	Amount
					C P	\$0.00 \$750.00

Requester Name

 Date:

Requester Signature

Subtotal: \$750

Sales Tax \$0.00

Shipping \$0.00

Total \$750

Requester 2 or Supervisor Name

Date:

Signature of Requester 2 or Supervisor

Justification for check pickup:

Office use Only:

Payment date:

Payee an employee? ☐ Yes ☒ No Work Study Student? ☐ Yes ☒ No

ID@

Name

Tax ID/SS#

Address

Requester

City

State

Zip Code

Department

Campus Extension

5557

Payment Date

6/18/2020

Payment Type

Electronic

Country

All fields required. Incomplete forms will be returned to requester resulting in payment delay.

**Only under special circumstances will checks be allowed to be picked up by individuals

**Department check is to be returned.

☐

FUND	ORG	ACCT	PROG	ACTV (optional)	DESCRIPTION	Amount
2					C P	\$725

Requester Name



Date:

6/17/20

Requester Signature

Subtotal:

\$725

Sales Tax

\$0.00

Shipping

\$0.00

Total

\$725

Requester 2 or Supervisor Name

Date:

6/17/20

Signature of Requester
2 or Supervisor

Office use Only:

Justification for
check pickup:

Payment date: