Please do no staple or clip items to the front.

Lindsey Wilson College

AP USE ONLY
Payment Due:
Entered by:

CHECK REQUEST

Check Payable To: _____

Address: _____

_____

Payee ID/FIN#: _____

Description to be typed on check:

_____

Reason for Check: _____

_____

Date Check Needed: _____

Fund	Org	Account	Amount	
		Total amount of check		

Check Distribution
(Please Check)

___ Mail to Payee
___ Hold for pickup
___ Forward to campus mail

Department Name: _____Phone:_____

Requestor's Signature: _____ Date: _____

Dept. Head Signature: _____ Date: _____

CR