

CHECK REQUEST



OFFICE OF ACCOUNTING AND FINANCIAL SERVICES | 207 HOWELL-MCDOWELL | MOREHEAD, KY 40351

PAY TO ADDRESS: _____

 (CITY) (STATE) (ZIP)

VOUCHER NUMBER(S) _____

ACCT. NUMBER:
 (17 DIGITS) _____

***VENDOR NUMBER** _____
 (IF COMPANY)

CHARGE TO: _____
 (ACCOUNT, PROGRAM OR CLUB NAME)

***S.S. NO.** _____
 (IF INDIVIDUAL)

DATE REQUESTED: _____

*** ONE OF THESE IS REQUIRED FOR CHECK REQUEST TO BE PROCESSED!**

NO. OF UNITS (REQUIRED)	DESCRIPTION	UNIT PRICE (REQUIRED)	AMOUNT

SPECIAL HANDLING: _____

TOTAL AMOUNT OF REQUEST

APPROVED BY: _____
 ACCOUNTING AND FINANCIAL SERVICES

DATE MAILED: _____

AUTHORIZATION	
SIGNATURE _____	
CAMPUS ADDRESS _____	PHONE (XXX-XXXX) _____
CO-SIGNATURE _____	

SEND 2 COPIES TO ACCOUNTING AND FINANCIAL SERVICES.
 ONE COPY WILL BE RETURNED TO PREPARER AFTER PROCESSING.