

CHECK REQUISITION FORM DATE OF REQUEST:

DATE CHECK NEEDED:

PAY TO THE ORDER OF:

ADDRESS:

Line Item or Items To be charged	Net Amount of Expenditure (less sales tax)	Sales Tax (applies only if check will be made out to a business/vendor)	Total Amount To be Charged	Explanation of Expense

Net Charges

Total Tax

Total Check Request

Special Instructions: _____

Requested by: _____ Approved By: _____

If requesting reimbursement, please have the request approved by either your supervisor or chairperson