CHECK REQUEST FORM
FORWARD REQUESTS TO:
Grants Management Office, Campus Center Building, Room E-210

Payment No: (Office Use)	**Payment Method** ☐ Check ☐ Electronic
Department Name: **Phone Number:**	**Date:**
Please Draw Check Payable To (Supplier Name & Address): **Site Number: 200 Supplier Number:** **Please Check Box if New Supplier** ☐	**1099 Code:** (Office Use)

Purpose (How Grant Related):

Special Instructions:

Check Stub Description: (up to 110 characters will appear on check stub):

Invoice Distribution (below)

Project #	Task#	Award#	Expenditure Category/Type	Organization	Amount
				Total	$

Project Director's Signature:	**Date:**
Approved By: (Office Use)	**Date:**