Check Request Form

Check Request Form

Check Detail   **Date Requested:** 08/17/2016

Pay to: Vendor name as it should appear on the check_____

Amount: ____$2,000.00_____

Hold for Pick Up?   YES: _____ **NO:** __X____

If yes, what is the name of the person picking up? _If yes was checked on the preceding line a name would go here_

Address to Mail Check: _If **NO** was check above a complete mailing address should be here.

Are the check attachments to be mailed?   YES: _____ **NO:** __X___

Reason for Request: _Honorarium for services provided to the University _____

Special Instructions: _____

Account Detail

JU Vendor ID#: __0342071_given to vendors who have a W-9 on file_____

Account Number to Charge: _11-00-00000-00000_____

Check Requested by: Person filling out paperwork. _____ **Phone:** ext. 7059_____

 Approved by: _approved departmental rep as determined by department head_____

Please note the following:

* ALL REQUESTED INFORMATION MUST BE COMPLETED TO ENSURE PROPER AND TIMELY PROCESSING.

* IF CHECK REQUESTS ARE NOT SUBMITTED BY 10AM MONDAY MORNING OF EACH WEEK, PAYMENT WILL BE DELAYED.

* IF THIS IS A NEW VENDOR OR IF THERE HAS BEEN A REVISION TO THE VENDOR'S ADDRESS, A W9 FORM MUST BE SUBMITTED WITH THIS REQUEST – CHECKS WILL NOT BE RELEASED WITHOUT THE SIGNED W9.

* THIS FORM IS NOT TO BE USED FOR EMPLOYEE EXEXPENSES OR ADVANCES (USE THE EXPENESE REPORT OR TRAVEL ADVANCE FORMS).

JACKSONVILLE UNIVERSITY IS AN EQUAL OPPORTUNITY EMPLOYER.