

DREW UNIVERSITY

Check Request

TO: Accounts Payable

Date of Request _____

Please issue check to:

Date Check Required _____

Name (Company or Individual)

(At least 5 Working Days Required)

*Social Security Number or EIN number required

Amount of Check \$ _____

No. and Street Address

City, State, Zip Code

	Fund	Organization	Account	Program	Amount
1					
2					
3					

Purpose (please reference PO# if applicable):

Requested By _____

Approved By _____

Title _____

Title _____

Department _____

Department _____

Mail Check

If a copy of the backup must be mailed with the check, please attach two copies.

Hold Check – Will Pick Up – VP or Dean Authorization Required

Call Ext. _____

*Social Security Number required, except when Payee is one of the following:

- 1) Corporation (with TIN#), or
- 2) Employee reimbursement, accompanied by full documentation
- 3) Student refund

All other payments reported to the IRS

For Accounts Payable Use Only

Voucher No. _____

Due Date _____

FILE COPY

DREW UNIVERSITY
Check Request

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