

STEVENS INSTITUTE OF TECHNOLOGY

CHECK REQUEST FORM

PLEASE DISTRIBUTE CHECK AS FOLLOWS:

U.S. MAIL CAMPUS MAIL DATE _____
 PICK-UP WITH ATTACHMENTS ENCLOSED

DEPARTMENT NAME _____

DATE CHECK IS REQUIRED ___ ___ ___ PLEASE ALLOW ONE WEEK FOR PROCESSING

PLEASE ATTACH ALL SUPPORTING DOCUMENTATION

PAY TO: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER OF PAYEE (if applicable):

FEDERAL TAX I.D. NUMBER (if applicable)

Purpose

<u>ACCOUNT</u>	<u>CHECK STUB DESCRIPTION</u>	<u>AMOUNT</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

REQUESTED BY: _____

DEPARTMENT APPROVAL: _____

FOR ACCOUNTING USE ONLY

VOUCHER # _____ DATE _____

CONTROLLER APPROVAL: _____

TREASURER APPROVAL: _____