STEVENS INSTITUTE OF TECHNOLOGY
CHECK REQUEST FORM

PLEASE DISTRIBUTE CHECK AS FOLLOWS:

☐ U.S. Mail  ☐ Campus Mail
☐ Pick-Up     ☐ With Attachments Enclosed

DEPARTMENT NAME:  Human Resources

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:  

ACCOUNT #  CHECK STUB DESCRIPTION  AMOUNT

REQUESTED BY:  

DEPARTMENT APPROVAL:  

FOR ACCOUNTING USE ONLY

VOUCHER #  DATE

CONTROLLER APPROVAL:  

TREASURER APPROVAL:  