

# STEVENS INSTITUTE OF TECHNOLOGY

## CHECK REQUEST FORM

PLEASE DISTRIBUTE CHECK AS FOLLOWS:

U.S. Mail  
 Pick-Up

Campus Mail  
 With Attachments Enclosed

Date: \_\_\_\_\_

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
1100347-		

REQUESTED BY: \_\_\_\_\_

DEPARTMENT APPROVAL: \_\_\_\_\_

FOR ACCOUNTING USE ONLY

VOUCHER # \_\_\_\_\_

DATE \_\_\_\_\_

CONTROLLER APPROVAL: \_\_\_\_\_

TREASURER APPROVAL: \_\_\_\_\_

