



CHECK REQUISITION

Today's Date: _____

Date Check is Needed: _____

INCOMPLETE CHECK REQUISITIONS WILL BE RETURNED

Information to be Printed on Check

CU ID / Vendor ID Number of Payee: _____ (REQUIRED)

Please check one of the following, if applicable: ☐ Campbell Employee ☐ Campbell Student

Payee Full Name: _____

Payee Address: _____

Payment Description: _____

Amount: _____

Budget Line to be Charged: _____ (REQUIRED)

Required Approvals

Requester's Signature: _____ Date: _____

Printed Name: _____ (REQUIRED) Department: _____

Approver's Signature: _____ Date: _____

Printed Name: _____ (REQUIRED) Department: _____

Secondary Approver's Signature (IF APPLICABLE): _____ Date: _____

Printed Name: _____ Department: _____

IF THIS PORTION IS NOT COMPLETED, THE CHECK WILL BE MAILED DIRECTLY TO THE PAYEE

Checks may no longer be picked up at the Accounting Office. If the check is to be sent via CAMPUS MAIL, please agree to and sign the following statement of responsibility and note the contact and department information:

By requesting to have the check sent via CAMPUS MAIL, I accept responsibility for the check once it leaves Accounting Office. I understand that I will be required to complete delivery/postage and request a stop payment and re-issuance if the check is lost.

Signature: _____ Extension: _____ E-mail: _____

Printed Name: _____ (REQUIRED) Department Name: _____

PLEASE ALLOW 10 BUSINESS DAYS FOR PROCESSING FROM THE DATE ACCOUNTS PAYABLE RECEIVES THE CHECK REQUISITION
CONTACT TRACY (x1445) OR LANA (x1446) WITH QUESTIONS REGARDING THIS FORM, VENDOR IDS AND NEW VENDOR W9 SUBMITTALS.

For Accounting Office only:

Assistant Vice President for Business: *Al Hardison* Signature: _____ Date: _____