

AP TYPE _____

PACIFIC UNIVERSITY
CHECK REQUEST

VENDOR TAX ID/SSN _____

VOUCHER # _____

PAYABLE TO _____

DATE _____

ADDRESS _____

DATE REQUIRED _____

YOUR REF _____

ATTACHMENTS TO MAIL _____

INVOICE # _____

MAIL TO ADDRESS _____

DESCRIPTION _____

HOLD FOR PICK _____

HOLD NAME _____
(if different than payee)

DISTRIBUTION ON FUNDS

ACCOUNT NUMBER (use format x-xxx-xxxxx-xxxx)	AMOUNT	COMMENTS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL	=====	

AUTHORIZED SIGNATURE _____

EXT # _____

PRINTED NAME _____

NOTE:

- Original receipts are required except for mileage.
- Reimbursements must have a detailed description.
- Reimbursement for meals must detail: meeting type (breakfast/lunch/dinner), persons attending and purpose of meeting.
- If attachments are to be mailed with the check, attach duplicate copies of the forms to the check request for accounting backup.
- Honorarium payees must have a completed W-9 on file or attached to check request.

BUSINESS OFFICE USE ONLY