



# Check Request Form

Accounting Dept Use	
_____	W-9
_____	Yes this is a 1099
_____	Advance Log
_____	Reroute for Completion
_____	Returned to Accounting

**Instructions:** Complete all sections and turn in this form, including all receipts or supporting documentation, to Accounting by **Friday**.  
Checks will be available the following Thursday after 2:00pm.

## Department

Department Number: \_\_\_\_\_ Date Needed: (if different from normal schedule) \_\_\_\_\_

## Check Distribution

Mail Directly     Send Check with Enclosures     Send Inter-Office to: \_\_\_\_\_

## Payee Information

Name: \_\_\_\_\_ NU ID Number: \_\_\_\_\_

Payee is:     NU Employee     NU Student     Vendor

\_\_\_\_\_ Address    \_\_\_\_\_ Address    \_\_\_\_\_ City    \_\_\_\_\_ State    \_\_\_\_\_ Zip Code

This is a new address.     This is a new vendor. (Please attach W-9.)

## Itemized Expenses

Event & Item Description	Today's Date	Dates of Event	Invoice Date	Invoice #	PO #	Amount	GL Account #
						\$	
						\$	
						\$	
						\$	
						\$	
						\$	
						\$	
<b>Total Check Amount:</b>						\$	

Final Payment for this Purchase Order?     Sales Tax Included on Invoice?

## Required Signatures

### Student Associations

\_\_\_\_\_  
President of Association

\_\_\_\_\_  
Treasurer of Association

\_\_\_\_\_  
Advisor to Association

### Employee Requests

\_\_\_\_\_  
Director or Dean

\_\_\_\_\_  
Vice President