

# CASTLETON

STATE COLLEGE  
BUSINESS OFFICE

## CHECK REQUEST

Accounts Payable Ext. 1219

*Please use a separate form for each check you need*

Name of person completing this form: \_\_\_\_\_

Department: \_\_\_\_\_ Extension: \_\_\_\_\_

### **Instructions for Check:**

Make check payable to: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security # (for individuals if not already on file): \_\_\_\_\_

Tax Identification # (for businesses if not already on file): \_\_\_\_\_

Reason for payment (please attach supporting documentation): \_\_\_\_\_

**ACCOUNT NUMBER TO CHARGE EXPENSE TO:** \_\_\_\_\_

Amount of Check: \_\_\_\_\_ Special Instructions: \_\_\_\_\_

Budget Department name: \_\_\_\_\_

Chair/Budget Authority name: \_\_\_\_\_

Chair/Budget Authority signature: \_\_\_\_\_

### **PLEASE CHECK ONE:**

Hold in Business office to be picked up       Mail check in the attached envelope

Mail via campus mail to:       Mail via U.S. Mail to:

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### **Business Office Information:**

Vendor # \_\_\_\_\_ Approval: \_\_\_\_\_ Date: \_\_\_\_\_ Hand Check: \_\_\_\_\_