



# CHECK REQUISITION

Please contact the Business Office with any questions.

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

Invoice No. \_\_\_\_\_

Check  
Payable  
To:

Account Code: \_\_\_\_\_

Activity Name: \_\_\_\_\_

Amount: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Items/Services are Received/Complete:     Yes     No (if this box is not checked, do not submit for payment or call the Business Office)

Is this payment associated with a fundraiser?  Yes – Fundraiser ID# \_\_\_\_\_

No

**OT accounts ONLY:**

Resale Certificate Issued:     Yes     No

Payment was approved by student officers + members (attach meeting minutes):  Yes     No

**SIGNATURES**

Requisitioner/Faculty Advisor Signature: \_\_\_\_\_

Principal/Department Head Signature: \_\_\_\_\_

Student Treasurer Signature (*OT accounts only*): \_\_\_\_\_

\*\*\*\*\*FOR BUSINESS DEPARTMENT ONLY\*\*\*\*\*

Approved by: \_\_\_\_\_

Verified by: \_\_\_\_\_