

CS1400



REQUEST FOR CHECK WRITING

(MISCELLANEOUS PAYMENTS – NOT FOR UNIVERSITY PURCHASES)

File No. _____

Fiscal Year _____

Description of Item or Service (For additional description attach 8 1/2 X 11 sheets.)	Amount
Date Check(s) Needed By: _____	

Office Use			Office Use				Office Use
Occur Date	Customer ID/Vendor #	Invoice #	Single Check	Cost Center	Object	Amount	PV Trans#

1	_____	_____	_____	_____	_____	_____	_____
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Fed ID/SSN _____ Vendor Name & Address _____

2	_____	_____	_____	_____	_____	_____	_____
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Fed ID/SSN _____ Vendor Name & Address _____

3	_____	_____	_____	_____	_____	_____	_____
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Fed ID/SSN _____ Vendor Name & Address _____

4	_____	_____	_____	_____	_____	_____	_____
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Fed ID/SSN _____ Vendor Name & Address _____

5	_____	_____	_____	_____	_____	_____	_____
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Fed ID/SSN _____ Vendor Name & Address _____

Dept. Phone No. _____	Dept. Mail Code _____	Dept. Name _____	Approval Signature _____	Date _____	INPUT DATE
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Business Services Office Use Only

IMPREST CASH PAYMENT	IMPREST CASH REPAYMENT
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Customer # _____	FY _____	Occ Date _____	Ref. Orig CS1400# _____
338011 - _____		Amount _____	
Cost Center/Obj _____			
Comments: " To be repaid by Cost Center _____ On CS1400# _____ "			
AR Charge Trans # _____	Invoice # _____	Date _____	