PRINT SAVE SEND

La Sierra UNIVERSITY

☐ Mail check

☐ Hold for pick up

# CHECK REQUEST FORM

***Send to Accounts Payable***

***If Payee is an LSU Employee Send to Payroll***
***Please do not use this form with an Invoice***
***Please use an Expense Report Form for all Reimbursements***

## Please Type or Print

| | | | |
|---|---|---|---|
| Name/Payee | | | Social Security Number: |
| Mailing Address | | | LSU ID Number: |
| | | | |
| City, State, and "ZIP" | | | |

| | |
|---|---|
| Requested by: | Date |
| Department: | Telephone Ext.: |
| Approved by: (Dept. Head) | Date |
| Approved by: (Administrator) | Date |

Please Check One:

☐ Honorarium
☐ Travel Advance
☐ Services rendered, work, contract pay, etc.
☐ Scholarship
☐ Other

| | | Fund | Org | Account | Program | Amount |
|---|---|---|---|---|---|---|
| Account: | # | | | | | $ |
| | # | | | | | $ |
| | # | | | | | $ |
| | # | | | | | $ |
| | | | | Total check Amount: | | $0.00 |

Description: _____

_____

For Accounting Use Only

| | |
|---|---|
| Vendor Number | |
| Document Number | |
| Pay Date | |