# La Sierra
## U N I V E R S I T Y
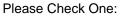
____Mail check

____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

Account:

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

Description: _____

_____

For Accounting Use Only

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