Request for Check

Check Data

Vendor number _____ Date of request _____

Amount _____ Account number _____

Amount _____ Account number _____

Amount _____ Account number _____

Total _____

Pay to

Drury ID/SSN _____

Name _____

Address _____

City _____ State _____ Zip code _____

Purpose (IRS requirement)

Describe

Check stub description

Request by _____ Date _____

Account administrator _____ Date _____

Appropriate cabinet member _____ Date _____

☐ Hold check for pick up (No checks will be sent throught campus mail)

☐ Mail to

Name _____

Address _____

City _____ State _____ Zip code _____