



CHECK REQUEST FORM

Note: Do not direct charge anything in NMU's name. Acceptable forms of payment are purchase orders (orders over \$1,000) or University purchasing card.

PAYEE

LAST NAME FIRST NAME M.I. NMU IN

BUSINESS/VENDOR NAME

MAILING ADDRESS

CITY STATE

ZIP

REASON FOR DISBURSEMENT

- Refund - explain _____
- Postage (when purchasing card cannot be used)
- Personal Reimbursement - (original receipts required for payment - questions, call 2054).
Business purpose: _____
- Prizes and Awards (payee name and social security # must be provided on a W-9 Form. Place W-9 in an envelope stamped confidential and sealed. The sealed envelope and completed Check Request may then be sent by campus mail to the Controller Office.

Two copies of order forms/documents are required. One copy will be retained in Accounts Payable Dept. for audit and the second copy will be mailed with the check.

- Dues, Memberships, Subscriptions, and one time purchases of reference materials. (Use this form only when the department purchasing card cannot be used for payment.)
- Restaurant bills (for payment of catering services, approval required from Assoc. V.P Auxiliary Services. Federal ID # required)
- Utilities
- Insurance
- Deposits - explain _____
- Travel related prepayments for conference fees and deposits (use Travel Credit Card whenever possible.) An approved travel authorization must be on file in Accounts Payable/Travel Office. Please reference travel P.O. # _____
- Contract on file _____ (contract number)

ACCOUNT DISTRIBUTION INFORMATION

Organization #	Account #	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
TOTAL		\$ _____
REQUESTED BY _____	DATE _____	
DEPARTMENT NAME _____	TELEPHONE # _____	
FINANCIAL MANAGER _____	DATE _____	

ACCOUNTING USE ONLY

1099 Code _____ VOUCHER # _____

_____ INVOICE # _____

_____ DOCUMENT ID # _____

_____ VENDOR ID # _____

DESCRIPTION _____

REFERENCE # (Travel, PO, Contract #, Etc.) _____

AUDIT _____