Check Request

TO: FINANCE OFFICE   DATE: _____

CHECK FOR: $ _____0.00_____   ***Valparaiso Univ. Employee I.D. #** _____
                                                          *Required

                                         Payee's Social Security # **   xxx-xx-_____
                                         ** Last four digits of Social Security number required for Non-University Employee

To The Order Of: _____

Mail To: _____

                    _____
                         (City)   (State)   (Zip Code)

Or Return To: _____ (For Delivery)

Charge To Budget Account No. _____ Date When Needed: _____

This check is for the following: Amount

_____   _____

_____   _____

_____   _____

_____   _____

                                         Sub-Total   _____0.00

Advance Acct #   10-0000000-13999   Less Advance   _____

                                         TOTAL   _____0.00

(Please attach original receipts, invoices, or supporting documentation)

_____   _____
Person Requisitioning   Person in Authority

                    _____
                    Associate Vice President for Finance and Controller

Space Below This Line To Be Filled Out By Finance Office ONLY:

_____   _____
Budget Approved   Audited By