



TUSCULUM

CHECK REQUEST

Check Request must be filled out in its entirety. Any missing information may result in delayed payment.
A completed W-9 must accompany check request for non-employees.

DATE: _____

Please issue current/agency fund check to: _____ Amount \$ _____
(please print)

Address (required): _____

DEBIT ACCOUNT _____ **DATE NEEDED*** _____

***Please be advised – Requests need to be received in Accounts Payable by 5:00pm on Tuesdays with all approvals to be processed for the following Friday. Finalized payment date is at the discretion of the Office of Finance.**

For: _____

Approvals:

Originator _____

Division Director _____

Vice President _____

Office of Finance _____

President _____

(if over \$5,000)