

Check Request Form

Route this form to unit cluster.	U Wide Form: UM 1659 Rev: 07/08
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Description: This form is used to facilitate and support voucher/payment entry to an individual or company when an invoice is unavailable (e.g., deposit refunds, human subject payments, etc.). When paying human subjects, do not include name or detail of study on this form. This form is not used for employee reimbursement.

Instructions: Complete the form and attach any support documentation. Assess the attributes of the check request against the box labeled "SINGLE PAYMENT". If applicable, check the box, complete the form and leave the Vendor Code blank, if it's a single payment. If the payment is NOT a single payment and the vendor code is not yet set up; follow the *Vendor Set Up procedures*, document the vendor code on the Check Request Form and send to Cluster for processing.

SECTION 1 - USE CAPITAL LETTERS FOR ALL FIELDS IN THIS BOX		
Vendor Code:		
Payee (Please Fill In Only One; Individual OR Company):		
Individual Last Name	First Name	
Doe	John	
Company		
Address:		
1234 Main Street		
City:	State:	Zip:
Nowhere	MN	12345

SECTION 2	
Document Number: DO NOT ENTER (Document # is automatically created when completing this form online. This document # should be entered into PeopleSoft in the Invoice # field.)	
DOEJOHN39703	
SINGLE PAYMENT (ONE-TIME PAYMENT)	Document Date (MM/DD/YY):
<input checked="" type="checkbox"/> Check if applicable	09/12/08
<ul style="list-style-type: none"> • Less than \$600.00 • Subject payment OR • Refund • Other (Contact Disbursement Services for approval) 	Total Amount:
	\$ 25.00

SECTION 3											
Fund	DeptId	Account	Program	PCBU	Project	ATY	FIN EMPLID	CF 1	CF 2	CS	Amount \$
	10986	810101									25.00
Total from Split Distribution Additional Page (if applicable)											\$ -
Total \$ Amount											\$ 25.00

Business Justification (Who, What, When, Where and Why): DETAILS ON FILE IN DEPARTMENT AND AVAILABLE FOR AUDIT.	Internal Comments:
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SECTION 4
Check Message will appear on the check stub (70 character limit)

SECTION 5 & 6	
Request by (Please Print):	
Name: I. M. Researcher	Phone: 6.1234

Electronic Approval is Required; Authorized Signatures On This Form Are Optional	
X	X