



CHECK REQUEST

Accounts Payable Department

3201 Arch St., Suite 400

(215) 895-2840

Please type or print legibly.

1. Payee Information	Name to appear on check:		
	Address 1		
	Address 2		
	City	State	Zip
	Is the Payee a U.S. Citizen or Permanent Resident Alien? Yes No		
	Is the Payee employed by Drexel University? Yes No		
	Does the Payee accept credit card payments? Yes No		
	Was this payment attempted with a purchasing card? Yes No		
Does the requesting department have access to a purchasing card? Yes No			

Employees or Students

Employee ID or Student ID

REQUIRED for Employees/Students
(Do not use Social Security Numbers.)

Non-Employees or Vendors

SSN or
TIN _____
(Individuals)

EIN _____
(Unincorporated Entities)

REQUIRED for Payment Processing

2. Justification & Delivery	Reason for Expenditure:		
Check Distribution Instructions: ☐ US MAIL ☐ PICK UP ☐ US MAIL WITH ENCLOSURES			

3. Funding Source	Fund Code (6 digits)	Org. Code (4 digits)	Account Code (4 digits)	Activity Code* (4 digits)	Cost Center Title	Amount
TOTAL						

* Activity Code is Optional. If additional space is required, please attach a separate sheet. **DO NOT** use additional Check Request forms.

4. Approvals	P.I. / Cost Center Administrator (Additional signatures required for multiple Cost Center allocations.)		
	Print Name	Signature	Date
	Director / Dean		
	Print Name	Signature	Date
	President / Vice President		
	Print Name	Signature	Date

I hereby certify that all of the information provided on this form is true and correct to the best of my knowledge. If the expenditure is funded by a GRANT or CONTRACT, the approver further certifies that the expenditure complies with all applicable cost principles and regulations of the sponsoring entity.

Prepared by:

Date

Location/Mail Stop

Telephone

Submit original form to Accounts Payable at the address above with required supporting documentation. To ensure prompt payment, complete the entire form and obtain necessary signatures. Allow 7-10 working days for processing.

5. For Internal Use Only	☐ 1099 ☐ 1042-S	
	Withhold as: ☐ US Backup Withholding ☐ 1042 Withholding	
	Vendor #	A.C.
	Reviewer's Signature	Date