



CHECK REQUEST

Accounts Payable Department
3201 Arch St., Suite 400
(215) 895-2840

Reset Form

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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Is the Payee employed by Drexel University? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Does the Payee accept credit card payments? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was this payment attempted with a purchasing card? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the requesting department have access to a purchasing card? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> US MAIL <input type="checkbox"/> PICK UP <input type="checkbox"/> US MAIL WITH ENCLOSURES			

3. Funding Source	Fund Code (6 digits)	Org. Code (4 digits)	Account Code (4 digits)	Activity Code* (6 digits)	Cost Center Title	Amount
TOTAL						\$0.00

* 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	<input type="checkbox"/> 1099 <input type="checkbox"/> 1042-S
	Withhold as: <input type="checkbox"/> US Backup Withholding <input type="checkbox"/> 1042 Withholding
	Vendor # _____ A.C. _____
	Reviewer's Signature _____ Date _____