



# CHECK REQUEST

Accounts Payable Department

3201 Arch St., Suite 400

(215) 895-2840

Please type or print legibly.

<b>1. Payee Information</b>	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	

<b>Employees or Students</b>
Employee ID or Student ID
_____
<b>REQUIRED for Employees/Students (Do not use Social Security Numbers.)</b>

<b>Non-Employees or Vendors</b>
SSN or TIN _____ (Individuals)
EIN _____ (Unincorporated Entities)
<b>REQUIRED for Payment Processing</b>

<b>2. Justification &amp; Delivery</b>	Reason for Expenditure:
Check Distribution Instructions:	<input type="checkbox"/> US MAIL <input type="checkbox"/> PICK UP <input type="checkbox"/> US MAIL WITH ENCLOSURES

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

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

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

<b>5. For Internal Use Only</b>	<input type="checkbox"/> 1099 <input type="checkbox"/> 1042-S
	<b>Withhold as:</b> <input type="checkbox"/> US Backup Withholding <input type="checkbox"/> 1042 Withholding
	Vendor # _____ A.C. _____
	Reviewer's Signature _____ Date _____