

PLEASE ENTER ALL INFORMATION WITHIN THIS SHADED BLOCK

Name of Payee _____

Employee: Yes or No Student: Yes or No External Constituent: Yes or No

CARS ID # or Federal I.D.# _____

Address of Payee _____

Amount of Check \$ _____ Account # _____

Reason for Disbursement _____

Is this disbursement for a service performed on Bellarmine's campus? Yes or No

Did you verify receipt of Certificate of Insurance for General Liability and Worker's Compensation with Accounts Payable before this service was performed? Yes or No

Deliver Check to _____ Date Needed ____/____/____

Requested By _____ Approved by _____
 (By Signing you are agreeing to the terms of this request.) (Signature of Authorized Approver for the Above Account)

Instructions/Terms:

Check requests are used only for payment of those items included in the Purchasing Procedures, such as dues, subscriptions, and conference and travel registration fees. No check will be issued on the basis of the check request alone. All check requests must have supporting documentation and contain the proper approval by the department chairperson or area head.

Individuals submitting check requests for advances should provide the completed documentation upon return to Accounts Payable within thirty (30) days. **Prolonged neglect to clear an outstanding advance could result in payroll deduction.**

FOR BUSINESS OFFICE USE ONLY.

CARS ID# _____
 Account(s) _____
 Account(s) _____
 Account(s) _____
 Route to _____
 Entered by _____
 Final Approval _____

Certificate of Insurance:

- General Liability ____/____/____
- Workers Comp ____/____/____

Scanned/Indexed by _____

Verified by _____

Form W-9 on file _____