BELLARMINE
University

SBF
REQUEST FOR CHECK

Date Received _____ by Accounts Payable

PLEASE ENTER ALL INFORMATION WITHIN THIS SHADED BLOCK

Name of Payee _____
Employee (Yes or No) Student (Yes or No) External Constituent (Yes or No) **Circle appropriate affiliation**
Social Security # 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 (Circle one)
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 (Circle one)
Deliver Check To _____ Date Needed _____/_____/_____
Requested By _____By Signing you are agreeing to the terms of this request.
RSO Advisor Signature:_____

Approved by _____ _____
SGA VP for Finance Director of Student Activities

Instructions/Terms:

Check requests are used only for payment of those items included in the Purchasing Procedures, such as dues, subscriptions, 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 the Business Office within fifteen (15) days. **Prolonged neglect to clear an outstanding advance could result in payroll deduction.**

FOR BUSINESS OFFICE USE ONLY.

CARS ID# _____

Account(s) _____

Route to _____

Entered by _____

Final Approval _____

Certificate of Insurance:

- General Liability ___/___/___
- Workers Comp ___/___/___
- KESA Form Received _____