



Accounting Use Only

Date: \_\_\_\_\_

Requisition #: \_\_\_\_\_

Budget Approval: \_\_\_\_\_

Vendor #: \_\_\_\_\_

Voucher#: \_\_\_\_\_

**THE CATHOLIC UNIVERSITY OF AMERICA  
CHECK REQUISITION FOR DIRECT PAYMENTS**

1. This form is to be used for memberships, registrations, subscriptions, petty cash and honoraria.
2. **DO NOT USE THIS FORM FOR TRAVEL REIMBURSEMENTS.**
3. Please complete all order and registration forms and include an extra copy for remittance with check.
4. Original receipts must be attached.
5. If the payee is on the CUA payroll, please send payment requests for services, directly to the **Payroll Office**.

Payable to: \_\_\_\_\_

Remittance Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Account (4 digits)	Fund (2 digits)	Organization (6 digits)	Program (5 alpha)	Sub-Class (5 alpha)	Budget Year (4 digits)	Project (15 alpha) (if applicable)	Amount	Description (30 characters of less)
<b>TOTAL</b>							<b>\$</b>	<b>-</b>

Requester \_\_\_\_\_ Date \_\_\_\_\_ Department Approval \_\_\_\_\_ Date \_\_\_\_\_

FEDERAL ID/SOCIAL SECURITY#: \_\_\_\_\_ (Services Rendered check requests will not be processed without a Tax ID number.)

**\*Unless special handling instructions are attached, the check will be mailed to the address listed above.**