

STEVENS INSTITUTE OF TECHNOLOGY

CHECK REQUEST FORM

PLEASE DISTRIBUTE CHECK AS FOLLOWS:

U.S. Mail
 Pick-Up

Campus Mail
 With Attachments Enclosed

Date: _____

DEPARTMENT NAME: Human Resources

DATE CHECK IS REQUIRED: _____ PLEASE ALLOW ONE WEEK FOR PROCESSING

PLEASE ATTACH ALL SUPPORTING DOCUMENTATION

PAY TO: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER OF PAYEE (if applicable) _____

FEDERAL TAX I.D. NUMBER (if applicable) _____

PURPOSE: _____

ACCOUNT #	CHECK STUB DESCRIPTION	AMOUNT
1100347-		

REQUESTED BY: _____

DEPARTMENT APPROVAL: _____

FOR ACCOUNTING USE ONLY

VOUCHER # _____

DATE _____

CONTROLLER APPROVAL: _____

TREASURER APPROVAL: _____