PRINT SAVE SEND

LA SIERRA UNIVERSITY
CHECK REQUEST FORM

☐ Mail check
☐ Hold for pick up

Send to Accounts Payable
If Payee is an LSU Employee Send to Payroll
Please do not use this form with an Invoice
Please use an Expense Report Form for all Reimbursements

Please Type or Print

Name/Payee			Social Security Number:
Mailing Address			LSU ID Number:
City, State, and "ZIP"			

Requested by:	Date
Department:	Telephone Ext.:
Approved by: (Dept. Head)	Date
Approved by: (Administrator)	Date

Please Check One:
- ☐ Honorarium
- ☐ Travel Advance
- ☐ Services rendered, work, contract pay, etc.
- ☐ Scholarship
- ☐ Other

		Fund	Org	Account	Program	Amount
Account:	#					$
	#					$
	#					$
	#					$
				Total check Amount:		$0.00

Description: _____

_____

For Accounting Use Only

Vendor Number	
Document Number	
Pay Date	