

LA SIERRA UNIVERSITY

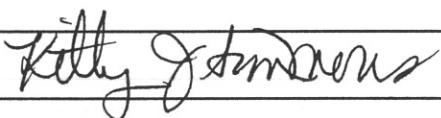
CHECK REQUEST FORM

*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*

☒ Mail check
☐ Hold for pick up

Please Type or Print

Name/Payee	U.S.G.P.O.		Social Security Number:
Mailing Address	Superintendent of Documents		LSU ID Number:
City, State, and "ZIP"	Washington, DC 20402		

Requested by: Kitty Simmons	Date September 8, 2011
Department: Acquisitions	Telephone Ext.: X2515
Approved by: (Dept. Head)	Date
Approved by: (Administrator) 	Date 9/8/11

Please Check One:

- ☐ Honorarium
☐ Travel Advance
☐ Services rendered, work, contract pay, etc.
☐ Scholarship
☒ Other

APPROVED SEP 15 2011

DUPLICATE

201-36

	Fund	Org	Account	Program	Amount
Account: #	92001	2610	77005		\$ 100.00
#					\$
#					\$
#					\$
	Total check Amount:				\$100.00

Description: For Deposit Account

For Accounting Use Only

Vendor Number	
Document Number	
Pay Date	

☐ SEE REVERSE SIDE FOR INFORMATION CONCERNING STATEMENT.