

Check Request Form

From:		Date:
Department:	Box #:	Ext# :
Charge the expenditure to account:		
Account Name/Number:		\$
** If any payee is providing services at a discounted rate, the gift in kind form must be attached**		
PAYEE 1:		
Name:		Amount: \$
Purpose (describe fully and attach all documentation, receipts, invoices etc):		
PAYEE 2:		
Name:		Amount: \$
Purpose (describe fully and attach all documentation, receipts, invoices etc):		
PAYEE 3:		
Name:		Amount: \$
Purpose (describe fully and attach all documentation, receipts, invoices etc):		
All checks are returned to the requestor		
<input type="checkbox"/> Send by campus mail to:		Box #:
<input type="checkbox"/> Hold for pickup. Call:		Ext:
Authorized by:		
** My signature certifies that these expenses are valid according to University and Foundation policies **		
Name Printed:		
FOR FOUNDATION USE ONLY:		
GL Code	Amount	Date Mailed:
		Signer authorized:
		Balance:
		Check #:
		Check Date:
<p>All expenditures must comply with the charitable purpose intended by the donor. All expenditures should be supported with documentation such as receipts or invoices. Original receipts should be submitted: not photocopies. Signers: Payment must be approved by an authorized signer on each account. A list of authorized signers must be on file at the Foundation. Expenses cannot be approved by the person being paid (payee of the check). Only original signatures will be accepted; no signature rubber stamp may be used.</p>		
<p>Payment to NAU employee for services must go through NAU's payroll department. Scholarships/Awards must be disbursed by NAU Financial Aid Office.</p>		