

HUNTER COLLEGE OF THE CITY UNIVERSITY OF NEW YORK

**REQUEST FOR CHECK FORM**

PLEASE PRINT OR TYPE INFORMATION REQUESTED BELOW

PLEASE DRAW CHECK TO: \_\_\_\_\_ Date \_\_\_\_\_

Name/Description: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Social Security No./Vendor No: \_\_\_\_\_

**PLEASE NOTE: Check will be mailed to payee by the Business Office unless otherwise instructed**

( ) Pick up Check

The goods, services or expenses specified on this form have been satisfactorily received, rendered or properly incurred and have not in whole or in parts been included in any previous certification for payment and now are approved for payment.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Department

\_\_\_\_\_  
Tel. Ext.

\_\_\_\_\_ Account Name \_\_\_\_\_ Account Number \_\_\_\_\_ \$ \_\_\_\_\_ Amount of Check

ACCOUNT NUMBER										AMOUNT			CHECK NUMBER			
										DOLLARS		¢				
-																
-																
-																
-																

	INITIALS	DATE
Hand Check Drawn By		
Approved for Hand Check		
Accounting		
Accounting Director		