

CARLOW UNIVERSITY CHECK REQUEST FORM

This check requisition is for the following expenditures:

(Please check one)

- | | | |
|---|---|---|
| <input type="checkbox"/> 1. Reimbursement of expenses (attach receipts) | <input type="checkbox"/> 2. Subscriptions | <input type="checkbox"/> 3. Awards |
| <input type="checkbox"/> 4. Refunds | <input type="checkbox"/> 5. Membership dues | <input type="checkbox"/> 6. Registration Fees |
| | | <input type="checkbox"/> 7. Honoraria |

EXPENDITURES NOT LISTED ABOVE MUST BE SUBMITTED ON A PURCHASE REQUISITION

Distribution Instructions (please check one):

- Mail to the address indicated
- Mail with enclosures - attached
- Send in Campus mail to _____
- Will be picked up by _____

Today's date: _____ Date payment is due: _____

Make checks payable to: _____ Amount: _____

Address: _____

Purpose of check request: _____

The appropriate receipts attached

Account Distribution:

Account Number	Amount

Approved By and Date:

Dept Budget Administrator _____
\$500 or Under

Dean/ Executive Director/ VP _____
\$501 to \$2,500

VP Finance & Operations _____
\$2,501 to \$25,000

President _____
\$25,000 and ABOVE

BUSINESS OFFICE USE ONLY
VENDOR # _____
INVOICE # _____

CHECK REQUEST MUST BE SUBMITTED TO THE BUSINESS OFFICE BY 12:00 NOON ON WEDNESDAY IN ORDER TO BE PROCESSED ON THURSDAY

ALLOW ONE WEEK'S PROCESSING TIME FOR EXPENSE REIMBURSEMENTS

EXPENDITURES GREATER THAN \$100K WILL BE DISCUSSED WITH FINANCE COMMITTEE BEFORE PROCESSING

