

CHECK REQUEST FORM (1-09)

PURPOSE OF FORM

To pay for invoices for items that are not required to be purchased on a purchase order (NOTE: all employee reimbursements must be on an Employee Expense and Reimbursement form not a check request). Create a check request for the following:

- Items under \$500
- Petty Cash Reimbursements
- Honorariums (Non-University employees)
- Non-employee refunds
- Subscriptions and Memberships
- Libraries – (Books and Periodicals only)
- Licenses (Elevators, equipment, auto, etc.)
- Casual Labor, (Non-Employees), Cumulative payments on an annual basis must be under \$600. If payments are expected to reach or exceed \$600, the individual will be considered a part-time employee and must be paid through the payroll system
- Payments on Debt Obligations
- Registration fees for Seminars or Conferences

DOCUMENTATION

Include original invoice(s) and/or back-up information along with a description of the item/service to be paid and the total dollar amount

APPROVALS

Approved by Dean, Director, Vice President, President, Budget (restricted accounts/funds)

Approval Levels:	President	\$50,000+
	Vice President	\$10,000+ - \$50,000
	AVP, Deans, Directors who report to a VP	\$2,500+ - \$10,000
	All other users who report to \$10,000 approvers	Up to \$2,500

OTHER

Also include on the check request: Vendor number - starts with a "T" - if there is no T# in the Banner system (FTIIDEN), submit a Vendor Set-Up form signed by the dean/director and attach a W-9 form from the company, send or fax (x31011) to Accounts Payable

Company's or person's full name and address and the correct FOAP number

If the Company's or person's address has changed please submit a Vendor Set-Up form

Forms can be found on Purchasing's site: www.udmercy.edu/purchasing/ under forms

Accounts Payable phone number is 993.1261



CHECK REQUEST

Note: If the vendor/person is not listed in TitanConnect or there is a change to the vendor information, please submit a Request for Vendor Set-up form to Purchasing. Fax: 313.993.1011

Attachment to be sent with check

MAKE CHECK PAYABLE TO:				
Name and Address		Date Required:		
		Date Requested:		
		Department:		
		Attention:		
Vendor #: T		FOAP: Fund Orgn Acct Prog Actv -- -- -- --		
Mail Check to Above		Requested By: _____		
Hold Check for Pickup		_____ Department Head/Manager/Dean/Director		
Return Check to Req. Department		_____ Vice President		
		_____ President		
Please Type or Print				
Quantity	Unit	Item Description	Unit Cost	Total Cost

FOR AUDITING USE ONLY				TOTAL FOR CHECK
M-P-E INIT:	BDGT INIT:	ACCT INIT:	VENDOR #	
ACCOUNT #			AMOUNT:	
				\$.