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

**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:**
- **Department Head/Manager/Dean/Director**
- **Vice President**
- **President**

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Unit</th>
<th>Item Description</th>
<th>Unit Cost</th>
<th>Total Cost</th>
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<tbody>
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#### FOR AUDITING USE ONLY

<table>
<thead>
<tr>
<th>M-P-E INIT:</th>
<th>BDGT INIT:</th>
<th>ACCT INIT:</th>
<th>VENDOR #</th>
<th>ACCOUNT #</th>
<th>AMOUNT:</th>
<th>TOTAL FOR CHECK</th>
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<tbody>
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**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