



Office of the Controller

REQUEST FOR CHECK

Date: _____

| Payee Information | Special Handling |
|--------------------------|------------------|
| Payee Name: | |
| Address: | |
| City, State, Zip: | |
| Supplier #: | |

Description of Payment:

| Departmental Account Information | | | | | | |
|----------------------------------|----------------|-----|------------|-------------|---------------|--------|
| Fund | Funding Source | EOC | Department | Object Code | Grant/Project | Amount |
| | | | | | | |
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| | | | | | | |
| Check Total | | | | | | |

| Authorized Signatures | |
|---|---|
| Preparer Name/Title/Phone : (type or print) | Signature/Date: |
| Account Manager: (type or print) | Signature/Date: |
| | <i>Authorizer: I certify that I have reviewed the claims associated with this payment request, have found them to be in compliance with TWU policies, and authorize payment from the account indicated.</i> |
| Vice President : (type or print) | Signature/Date: |
| Vice President for Finance & Administration: Dr. Brenda Floyd | Signature/Date: |
| Office of the Controller: | Signature/Date: |