



- A Request for Check Form **may** be used for:
  - Fees
  - Postal Services/postage
  - Registrations (when Pcard is not accepted)
  - Items when Pcard and PO's are not accepted
  - Employee incurred expenses other than travel (employee travel must be on a travel voucher)
  - Student travel
  - Food Purchases - Food Justification Form must be attached unless food is used for research in a lab or classroom or is for consumption by animals.
  
- A Request for Check Form **may not** be used for:
  - Memberships
  - Employee Travel
  - Purchases over \$5,000
  - Fund 10 accounts
  
- Payment for Request for Check form shall be made if the following criteria are followed:
  - Account(s) have funds available
  - Preparer signature
  - Account manager printed name and signature
  - VP of Finance and Administration signature if proper Procurement Policies have not been followed
  - A supervisor's signature is needed if the payee is also the account manager
  - Office of Research and Sponsored Programs, for any grant account(s)
  - Financial Aid signature required if Payee is a student
  
- If the supplier is new, a Request for Check Form should include:
  - Completed and signed [W9 form](#) (payment will not be made without a signed form on file)
  - Completed and signed [EFT agreement form](#) (preferred method of payment)
  
- Payment for Request for Check Form shall be made after services have been rendered.
  - Complete this form, print, and get appropriate signatures before scanning and emailing to [procure@twu.edu](mailto:procure@twu.edu)
  
- Please allow up to 5 business days for payment processing procedures.

# Check Request



**TEXAS WOMAN'S**  
UNIVERSITY™

Is Payee a TWU student? Yes      No      If yes, route form to Financial Aid first.

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

Description of Payment

Departmental Account Information						
Fund	Funding Source	EOC	Department	Object Code	Grant/Project	Amount
					<b>Check Total</b>	

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: R. Jason Tomlinson	Signature/Date:
ORSP (if a grant account/s):	Signature/Date:
Financial Aid (if payee is a student):	Signature/Date:
Procurement Services:	Signature/Date:

Once completed, scan form and email as an attachment to [procure@twu.edu](mailto:procure@twu.edu)