Form 00-005-610 Rev. 3/93

Check Request

No. 0016201 24

Vanderbilt University

Accounting Use Only

Vendor #
A.V. #
Sn Cd ___ Ck Desc # ___ Sep Ck ___ TF ___
1099 Amount $ ___ Code ___

Name (Max. 4 lines of 31 characters) ___

Address (Max. 4 lines of 31 characters) ___

Total Amount $ ___

City/State ___ Zip ___

Due Date ___ Invoice # ___ Tax I.D./SS No. ___

Description on Check stub (if required) ___
(Maximum of 30 characters)

Other explanation (if needed) ___
(Will not appear on check stub - Attach separate sheet if additional space is needed)

Account (5 digits)	Center (10 digits)	Sub-ledger (if required) ID	Sub-ledger (if required) Account (5 digits)	Amount
	- - -			$
	- - -			
	- - -			
	- - -			
			Total	$

SAMPLE FORM

Check Distribution Instructions (mark only one)

___ Mail to address shown above
Remittance attached ___

___ Send to: ___
(Max. 4 lines of 35 characters)

___ Call for pickup:
Name: ___

Telephone: ___

	Typed or Printed Name	Signature	Date
Requested by:			
Approved by:			
Approved by:			
Approved by:			

Accounting Use Only

Restricted Approval Date
Final Approval Date
Financial Management Date
Sub-Ledger Approval Date