Northern Michigan University

CHECK REQUEST FORM

***Note**: Do not direct charge anything in NMU's name. Acceptable forms of payment are purchase orders (orders over $1,000) or University purchasing card.*

PAYEE

LAST NAME _____ FIRST NAME _____ M.I. _____ NMU IN _____

BUSINESS/VENDOR NAME _____

MAILING ADDRESS _____

CITY STATE _____ ZIP _____

REASON FOR DISBURSEMENT

- ☐ Refund - explain _____
- ☐ Postage (when purchasing card cannot be used)
- ☐ Personal Reimbursement - (original receipts required for payment - questions, call 2054).
  Business purpose: _____
- ☐ Prizes and Awards (payee name and social security # must be provided on a W-9 Form. Place W-9 in an envelope stamped confidential and sealed. The sealed envelope and completed Check Request may then be sent by campus mail to the Controller Office.

Two copies of order forms/documents are required. One copy will be retained in Accounts Payable Dept. for audit and the second copy will be mailed with the check.

- ☐ Dues, Memberships, Subscriptions, and one time purchases of reference materials. (Use this form only when the department purchasing card cannot be used for payment.)
- ☐ Restaurant bills (for payment of catering services, approval required from Assoc. V.P. Auxiliary Services. Federal ID # required)
- ☐ Utilities
- ☐ Insurance
- ☐ Deposits - explain _____
- ☐ Travel related prepayments for conference fees and deposits (use Travel Credit Card whenever possible.) An approved travel authorization must be on file in Accounts Payable/Travel Office. Please reference travel P.O. # _____
- ☐ Contract on file _____ (contract number)

ACCOUNT DISTRIBUTION INFORMATION

Organization #	Account #	Amount
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
	TOTAL	$_____

REQUESTED BY _____ DATE _____

DEPARTMENT NAME _____ TELEPHONE # _____

FINANCIAL MANAGER _____ DATE _____

ACCOUNTING USE ONLY

1099 Code _____

VOUCHER # _____

INVOICE # _____

DOCUMENT ID # _____

VENDOR ID # _____

DESCRIPTION _____

REFERENCE # (Travel, PO, Contract #, Etc.) _____

AUDIT _____