



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.	/ / SOCIAL SECURITY NUMBER
BUSINESS/VENDOR NAME			FEDERAL TAX I.D. NUMBER
MAILING ADDRESS			
CITY	STATE	ZIP	

REASON FOR DISBURSEMENT

- Refund - explain _____
- Postage (when purchasing card cannot be used)
- Personal Reimbursement - (attach original receipts). Business purpose: _____
- Prizes and Awards (payee name and social security # must be provided as it appears on the social security card).

For the following types of disbursements, 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 (only to businesses that do not accept credit cards.)
- 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. # _____

ACCOUNT DISTRIBUTION INFORMATION			ACCOUNTING USE ONLY	
Organization #	Account #	Amount	1099 Code	VOUCHER # _____
_____	_____	\$ _____	_____	INVOICE # _____
_____	_____	\$ _____	_____	DOCUMENT ID # _____
_____	_____	\$ _____	_____	VENDOR ID # _____
	TOTAL	\$ _____	_____	
REQUESTED BY		DATE	DESCRIPTION	
DEPARTMENT NAME		TELEPHONE #	REFERENCE # (Travel, PO, Contract #, Etc.)	
FINANCIAL MANAGER		DATE	AUDIT _____	