

Date

CR#

Check Request

Please complete this form, attach your ORIGINAL receipts (please DO NOT STAPLE), obtain the appropriate signatures, and submit to your Purchasing Assistant.

Requestor _____

Office Phone _____

Campus Box _____

Email _____

Payee Name _____

SS# / Emp ID# _____

Payee's Home Address:

Address check is to be sent to (if other than the home address):

Account: _____

Amount: _____

Account: _____

Amount: _____

Account: _____

Amount: _____

Explanation (include who, what, when, where, and why):

Requested By: _____

Date _____

Authorized By: _____

Date _____

**The Department of Pediatrics does not reimburse sales tax.