



Business Office Check Request

Form B-8-22 revised

Date _____

Payable To _____

Amount(s) \$ _____

Tax ID No. _____

Mailing Address _____

Reason For Request _____

**Please attach documentation (Invoice, Receipts, Check Copy, Etc.) where applicable.
For new vendor, please attach a W9.**

Account Number _____

Account Name _____

School or Department _____

Administrator's Signature

Authorized Signature

Routing: Mail Send to School/Department Hold for Pickup

Special Instructions: