



LOCAL CHECK REQUEST

Return to:

Pick Up:

Date:

Account Object Code Amount

Funding Appropriation:

LSO (local student organization – no documentation needed) LSR/ENT

Refund – original deposit serial #

Payment – Attach invoice/receipt

Dragon ID or SSN or Vendor

Issue check to:

Street Address:

City/State/Zip Code:

Invoice #/Customer #:

Organization:

Budget Supervisor:

(Signature Required)

Requested By (print name):

Signature (Required):

Phone Number:

* Please contact 477-2059 or 477-2061 for further information.