

**UNIVERSITY OF CENTRAL OKLAHOMA  
CHECK REQUEST**

ProCard is the preferred method of payment.  
If Payment Can Be Made Via ProCard, Do Not Use This Form

**Form may only be used for expenditures of \$2,499.00 or less  
And From Student Activity "S" Organization Funds**

Organization accounts that begin with the numbers "01" and "02" Are Not To Be Used with This Form.  
All purchases of \$2,499.00 or less will need to be charged to ProCard; all purchases of \$2,499.01 and greater will need to be placed on a requisition.

**\*DENOTES A REQUIRED FIELD**

If required information is not provided, request may be sent back to financial manager, causing a delay in payment.

Date: \_\_\_\_\_ \* \_\_\_\_\_ \*  
Banner ID or Vendor Code - (Attach W9 for New Vendor)

Request for payment to: \_\_\_\_\_ \* In the amount of \_\_\_\_\_ \*  
Payee Name

For: \_\_\_\_\_ \*  
Description of Purchase(s) or Service(s)

Dates: \_\_\_\_\_ \*  
Goods or Services Received

**Attach Itemized Receipts or Other Supporting Documentation\***

	<b>FUND</b>	<b>ORGANIZATION *</b>	<b>EXPENSE ACCOUNT *</b>	<b>AMOUNT *</b>
<b>1</b>				
<b>2</b>				

APPROVAL SIGNATURES		ENTER PAYEE'S MAILING ADDRESS	
_____ *	Date	Street Address _____	
Requestor's signature		City _____	
_____ *	Date	State, Zip _____	
Financial Manger's signature			
_____ *	Date		
SAF Budget Manager			
(Required w/ UCOSA Funds)			

Submit Check Request to the Payment Services Department in the Lillard Administrations Building, Room109,  
Campus Box161