

PURCHASE REQUISITION/

CHECK REQUEST

CAMPUS _____

DATE _____

ORGANIZATION _____

DATE REQUIRED _____

Mail check _____

Pick up check _____

Direct Deposit(reimb only) _____

Check payable to: (Name, address, & zip code)

Fund	Function	Object	Sub-object	Organization	Program Code	Description	Amount

Date Received Items: _____
(if applicable)

TOTAL AMOUNT _____

Originator

Date

Principal

Date

Business Manager

Date