Business Office
HEIDELBERG UNIVERSITY

Check Request

Complete form and send to: Accounts Payable Clerk.
Attach original receipts for expense reimbursements.

Request for Payment To:
(Please print/type clearly) Date: _____

Name _____

Street 1 _____

Street 2 _____

City_____ State _____ Zip _____

OASIS ID Number: _____
(Officials, contractors, and reimbursements)

Special Requirements

☐ **Send to Payee**

☐ **Send to** _____

☐ **Will pick up at Business Office**

☐ **Other** _____

PO#_____

Purpose of Payment	Fund Code 4 digits	Org. Code 5 digits	Acct. Code 5 digits	Program Code 2 digits	Amount

Amount_____

Requested by:_____ **Ext.#:** _____

Approved by:_____ **Ext.#:**_____

Note: Incomplete forms will not be processed and will be returned to you for completion.