



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 6 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.