



# 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 5 digits	Org. Code 6 digits	Acct. Code 6 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.**