



Accounts Payable Check Request

Date: _____

Documentation must accompany this request. If no receipt or invoice is available, please provide information that explains the request and business purpose, how the amount was derived, and any other documentation that substantiates the expense amount. The Accounts Payable Office may request additional documentation prior to payment if deemed appropriate.

PAYEE/VENDOR	Name: _____ Address: _____ _____ _____ Attention: _____	Dixie ID: _____ <small>** If individual doesn't have a Dixie ID please fill out a W-9 and submit both with SSN</small>		<small>**Complete only if the check is to be held in the Cashier's office for pickup.** Please provide a contact name, email, and the desired date for pickup:</small>
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ACCOUNTING	Amount: \$ _____ Index or Fund: _____ Acct. Code: _____
Business Purpose & Expenditure Explanation (attach additional sheets as needed):	

APPROVALS	Requestor Attestation: <i>I hereby certify that the University has received the goods purchased and that the expenditure is necessary to accomplish University business or that refunds/reimbursements have been appropriately substantiated.</i> _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Requestor Signature Print Name Date </div>
Approver Attestation: <i>I hereby certify that, to my knowledge, this request is consistent with all University policies and federal and state regulations. I also certify that the index indicated above has budget available to cover the expenditure.</i> _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Budget Administrator Signature* Print Name Date </div>	
<small>*(supervisor signature is required if Payee is the Budget Administrator - Payee cannot approve his/her own payment.)</small>	

A/P USE ONLY	Document #: _____ Budget Check: _____ Processed by: _____	Notes:
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