

Date:*	

CHECK REQUEST

(All Fields Bolded and Marked * Are Required)

Department/ Student Organization Name:*	Campus Box/Room Nu	Campus Box/Room Number:* 901/ LS 351		
Law Dean/	·			
Submitting Individual/ Student Name:*	Phone Extension:*	Vendor Number:		
Marla Bennett/	5761			
Account Number/Object Code & Amount:*	Account Number/Object Code & Amount:			
Account Number/Object Code & Amount:	Account Number/Object Code & Amount:			
Account Number/Object Code & Amount:	Account Number/Object Code & Amount:			
ee:*				
al Amount:*	Email Address:*			
foreign currency receipts, please see website for instructi	ions)			
manent Address:*		24 . 61 . 1 . 2 . *		
		Must Check One:*		
		Mail Directly		
		O Dept. Pick Up		
Please describe the expense or activity and how it	relates to business:*			
Approver's Signature/Date:*	Eino	ncial Affairs Approval/Date*		
Approver's Signature/Date:*	Final	ncial Affairs Approval/Date*		
Andrew Piacun				
		ncial Affairs Approval/Date* Il Finance Signature, if Applicable		

This form is valid for the following types of expenditures: (1) Membership & Dues: (3079/4079), (2) Travel & Entertainment: (309_/409_), (3) Postage: (3042/4042), (4) Periodicals: (3045/4045), (5) Books: (3043/4043), (6) Honoraria: (3019/4019), (7) Professional Fees: (3080/4080), (8) Awards: (3071/4071), (9) Charitable Donations: (3073/4073), (10) Reimbursements of up to \$200 for nonrecurring purchases for reproduction, office supplies, computer supplies/software and repairs. Original receipts must be submitted for receipts over \$25. Proper documentation must be submitted WITHIN 3 WEEKS AFTER THE EXPENSE WAS PAID OR INCURRED.