



# Check Request Form

Accounts Payable

Sorenson Hall, 2<sup>nd</sup> Floor

[accountspayable@augustana.edu](mailto:accountspayable@augustana.edu)

## Payee Information

Payable To (Please Print)

Augustana ID (Required if applicable)

Payee (Check One):  Employee  Student  Vendor

Return Check to (Check One):  Requester  Payee

Check Delivery Method (Check One):  USPS  Campus Mail  Pick-Up in Office

If USPS, please provide address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Charge Account Information

Purpose of Check

Account #

Dollar Amount

<u>Account #</u>	<u>Dollar Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____

Total:

## Requester Information

Requested By (please print)

Department/Group

Signature

Date Submitted

SGA Title of Requester (If Applicable):  President  Treasurer

**Please attach a copy of your documentation (i.e. receipts, invoice, registration form, etc.)  
& return to the Business Office.**