



Check Request Form

Accounts Payable

Sorenson Hall, 2nd Floor

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

**Supervisor, Approver, SGA President/Treasurer
Signature (Not the Payable To Name)**

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.**