



Please circle yes or no if the check is to be mailed. If no, please fill in the person's name the check is to be returned to

Mail	Yes	No
Return To		

**Check / Cash Request Form**

IF REQUESTOR IS SAME AS PAYEE AND AN EMPLOYEE, NO NEED TO FILL OUT VENDOR NAME AND ADDRESS, UNLESS THE ADDRESS YOU WISH TO HAVE THE CHECK SENT TO IS NOT ON FILE

Name _____	Banner ID	
Address _____	Please check one of the following	
_____	Direct Deposit	
_____	Check	
_____	Cash	
	Cash can be given if the total is \$300 or less	

**Requestor's Information**

Requestor's Name _____	Requestor's Dept. _____
Account Number _____	Amount _____
Account Number _____	Amount _____
Account Number _____	Amount _____
Account Number _____	Amount _____

**Reason for Request**

Explain in Detail:	Amount
<b>Total Reimbursement</b>	

Please allow a minimum of 10 days for check processing

APPROVAL	DATE
SECOND APPROVAL (IF NEEDED)	DATE

**Business Office Use Only**

Cashier		
Cash Received By _____		
SIGN	DATE	