



ACCOUNTS PAYABLE  
 429 N. Church St.  
 Spartanburg, SC 29303-3663  
 Phone: (864) 597-4222 FAX: (864) 597-4239  
 Email: ap@wofford.edu

<b>Request rec'd by Accts Payable by:</b>	FRIDAY	TUESDAY
<b>Check available by:</b>	WEDNESDAY	FRIDAY

# Check Request

Use this form for honorariums or prepayment to vendors for which a invoice or receipt will be provided.(e.g., Postmaster, Deposits for Entertainment, etc.) Attach any documentary support that you may have for this expenditure. Do not use this form for employee compensation, advances, or reimbursement requests, or conference or membership registrations where the vendor has provided a form.

## Payee Information:

Individual: (legal name)  First  Middle  Last

**-OR-**

Vendor:

Address:  City

State  Zip  Country

Wofford Banner ID #  (required for employees or students) SSN  (required for independent contractors ONLY)

Vendor Type (required)  Date Request Submitted \_\_\_\_\_

## Account Distribution and Amount: (Please enter account to charge here. If charged to more than one account, please use additional rows provided and include separate amounts. After completion, please fill in purpose).

Index	Fund	Orgn	Acct	Prog	Amount:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	
						<b>CHECK TOTAL</b>

Purpose of Check:

## Disposition of Check:

Select One:  CHECK NEEDED BY: \_\_\_\_\_ mm/dd/yyyy

Next Scheduled Check Run (see schedule above)  Future Date

CPO/Phone \_\_\_\_\_ (not to precede next scheduled check run date)

## Signature: (please print completed form and sign manually)

Signature: (required) \_\_\_\_\_