CHECK REQUEST

Accounts Payable Department
18 Agassiz Circle
(716) 884-3411

Please type or print legibly

1. Payee Information

Name to appear on check:		
Address 1		
Address 2		
City	State	Zip
Is the Payee or Beneficiary a U.S. Citizen or Permanent Resident Alien? ☐ Yes ☐ No		
Is the Payee employed by Medaille? ☐Yes ☐ No Gross up this amount? ☐ Yes ☐ No		

Soc. Sec. No./Ind. Taxpayer I.D. No.

(Required) For Individuals

Fed. I.D. No.

(Required) For Unincorporated Entities

2. Justification & Delivery

Reason for Expenditure:

Invoice No. (Only one invoice per Check Request. Attach original invoice.)

Check Distribution Instructions ☐ US MAIL ☐ PICK UP ☐ MAIL WITH ENCLOSURES ☐ CAMPUS MAIL (Send to preparer below. Attach copy of form.)

3. Funding Source

Fund Code (4 digits)	Org. Code (4 digits)	Acct. Code (4 digits)	Activity Code* (4 digits)	Cost Center Title	Amount
					$
					$
					$
					$
					$
				TOTAL	$

*** Activity Code is Optional**
If additional space is required, please attach a separate sheet. **DO NOT** use additional Check Request forms.

4. Approvals

Director / Dean /Chair
Print Name: Signature: Date:

President / Vice President
Print Name: Signature: Date:

Business & Finance
Print Name: Signature: Date:

I hereby certify that all of the information provided on this form is true and correct to the best of my knowledge. If the expenditure relates to a GRANT or CONTRACT, the authorizing signature above denotes that the expenditure complies with all applicable cost principles and regulations of the sponsoring entity.

Prepared By

Date

Department

Telephone

Submit original form to Accounts Payable.
To ensure prompt payment, complete the entire form and obtain necessary signatures.

5. For Internal Use Only

☐ 1099 ☐ 1042

Withhold as:
☐ USA Backup Withholding

Gross Amount	Seq. #
Reviewer's Signature	Date