

UNIVERSITY OF MINNESOTA
Check Request Form

Route this form to unit cluster.	U Wide Form: UM 1659 Rev: 04/10
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Description: This form is used to facilitate and support voucher/payment entry to an individual or company when an invoice is unavailable (e.g., deposit refunds, human subject payments, etc.). This form is not used for employee reimbursement.

Instructions: Complete the form and attach support documentation. Assess the attributes of the check request against the box labeled "SINGLE PAYMENT". If applicable, check the box, complete the form and leave the vendor code blank if it's a single payment. If the payment is NOT a single payment and the vendor code is not set up, follow the *Vendor Authorization Form Instructions (UM 1679i)*, designate the vendor code on the Check Request Form and send to Cluster for processing.

SECTION 1 - USE CAPITAL LETTERS FOR ALL FIELDS IN THIS BOX		
Vendor Code:		
Payee (Please Fill In Only One; Individual OR Company):		
Individual Last Name	First Name	
Company		
Address:		
City:	State:	Zip:

SECTION 2	
Document Number: DO NOT ENTER	
(Document # is automatically created when completing this form online. This document # should be entered into PeopleSoft in the Invoice # field.)	
010000	
Document Date (MM/DD/YY):	SINGLE PAYMENT (ONE-TIME PAYMENT)
Total Amount:	<input type="checkbox"/> Check if applicable
PO #	Refer to the policy appendix: Single Payment Vendor Payment Types Allowed

SECTION 3											
Fund	Deptid	Program	PCBU	Project	ATY	Account	FIN EMPLID	CF 1	CF 2	CS	Amount \$
Total from Split Distribution Additional Page (if applicable)										\$	-
Total \$ Amount										\$	-
Business Justification (Who, What, When, Where and Why):						Internal Comments:					
When paying human subjects, do not include name or detail of study on this form.											

SECTION 4
Check Message will appear on the check stub (70 character limit)

SECTION 5 & 6	
Request by (Please Print):	
Name:	Phone:
Electronic Approval is Required; Authorized Signatures On This Form Are Optional	
X	X