CHECK REQUEST

> Denotes Required Field

OFFICE OF ACCOUNTING AND BUDGETARY CONTROL, MOREHEAD, KY 40351-1689

Pay to :
Address: > _____
> _____
> _____
> _____ , _____ _____
(City) (State) (Zip)

Voucher number(s) _____

Acct. number (17 digits) > __ - _____ - _____

*Vendor Number > _____ (If Company)

Charge to: _____ (Account, program, or club name)

*S.S. No. > _____ (If Individual)

Date requested: > 04/22/2009

*** ONE OF THESE IS REQUIRED FOR CHECK REQUEST TO BE PROCESSED!**

> No of Units (Required)	Description	> Unit Price (Required)	Amount
1			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00

Special handling _____

Total Amount of Request $0.00

Approved By _____ Accounting and Budgetary Control

Date mailed _____

Authorization

> _____ Signature

> _____ Campus Address

> _____ Phone (XXX-XXXX)

Co-signature

Send 2 copies to Accounting and Budgetary Control – 1 copy will be returned to preparer after processing

Morehead State University is an equal opportunity educational institution

Revised 04/2009

Save | **Click to Print Check Request** | **Push to Clear Form**