Western New England University Procurement Office

CHECK REQUEST & REQUEST FOR REIMBURSEMENT

			Date.		
			Date Required:		
Please issue a ch	eck as follows:				
Employee:	Student:	*Other:	_		
*Note: if vendor has r	never been paid bef	ore, a 9// ill be required	!b		
Name (Individual	or Organization)	:			
•	•		ll payment requ è sts!!		
Please Check the	Appropriate Iter	n Below:			
Mail Check to the above address Hold check an envelope			Hold check for picke (please attach an envelope marked "HOLD")		
Amount of Reque	est: \$		_		
Account(s) to be	charged:		\$		
			\$		
Explanation of ex	penditure:				
			nneeding tobe mailed with the check attached to the check request as bac		
Requested by(signature):			Date:		
Printed nar	me:				
Approved by (signature):			D <u>ate:</u>		
Printed nar	me.				

Note: please type or write all info legibly to avoid errors or confusion, causing a delay of payment *Reminder: if printing this form from online, it must be done oyellow paper.*

PROPER USE OFA CHECK REQUEST-REIMBURSMENT FORM

Purpose

A Check Request Form is used to request a check when payment is required for goods or services an when no invoice is available (or not provided), or for reimbursement of goods purchased on behal of the University. Please use a TME Form when reimbursement is for travel, meals, or entertainment. This form should nobe used in the place of normal purchases that require a Purchase Order. NOTE: Do not use this form for travel or other types of advances; pleases an Advance Form (available from Procurement Services).

Procedure:

- Completely fill out the form. No form will be processed if requested information is missing.
- Send the completed form to the Procurement Services Department. The Check Request will be processed and paid according to the required date (Note: **Opaly*erwork* is received in Procurement Services by 4:00 pm/ **, a check can be available that Friday for pickup @ Enrollment Services can be near (**Lect 1281 (**Le