

**DREW UNIVERSITY**  
**Check Request**

TO: Accounts Payable

Date of Request \_\_\_\_\_

Please issue check to:

Date Check Required \_\_\_\_\_

\_\_\_\_\_  
Name (Company or Individual)

**(At least 5 Working Days Required)**

\_\_\_\_\_  
\*Social Security Number or EIN number required

Amount of Check \$ \_\_\_\_\_

\_\_\_\_\_  
No. and Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Account No.

Purpose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Please reference PO # if applicable)

Requested By \_\_\_\_\_

Approved By \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Department \_\_\_\_\_

Department \_\_\_\_\_

Mail Check

**If a copy of the backup must be mailed with the check, please attach two copies.**

Hold Check – Will Pick Up – VP or Dean Authorization Required

Call Ext. \_\_\_\_\_

Social Security Number required, except when  
Payee is one of the following:

- 1) Corporation (with TIN#), or
- 2) Employee reimbursement, accompanied  
by full documentation.
- 3) Student refund

All other payments reported to the IRS

**For Accounts Payable Use Only**

Voucher No. \_\_\_\_\_

Due Date \_\_\_\_\_

FILE COPY

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