ACCOUNTS PAYABLE

Request for Check Form

Doguestay Information

nequeste	r illiorillation				
Travel Adva	ance Lodging(H	IC needed*) Registration	on Vendor requires prepayn	nent Other	
Contact Pers	son:		Phone#		
Date Needed	l:	Req#	BPO#/PO#		
Payable to:				(see note below*)	
Account Nui	mber:				
Amount of Check:		Check is to be:			
		Mail	led		
		Pick	ked up by		
*Hotel Confi	rmation:				
Other Instru	ctions:				
For example:		hn Smith and Jane Doe.	eck is ready to pick up. PO t . At this time, please cut chec		

Processing Policies

The deadline for receipt of this form is by Tuesday at 3:00 p.m. the day before both paper and electronic checks are to be processed on Wednesday of each week. If request is received after that time, the check will not be processed until the following Wednesday.

Checks will be mailed or available to pick up from the Cashier's Office after 3:00 p.m. the day after checks are printed. (This allows the Business Office adequate to obtain the proper signatures and verify the accuracy of your check.)

*Please Note: If the form is submitted without a BPO# or PO# it is the responsibility of the requisitioner to ensure Purchasing assigns a BPO# or PO# in order for Accounts Payable to process check in a timely manner.

Please contact the following individuals if you have guestions:

- Jane Shook Floyd, Accountant I - (x5058) - shookfloydj@lincolnu.edu

Send all check requests to ap@lincolnu.edu or 820 Chestnut St, Room 204 Young Hall