

ACCOUNTS PAYABLE

Request for Check Form

Requester Information

Travel Advance Lodging(HC needed*) Registration(must attach forms) Vendor requires prepayment

Contact Person: _____ **Phone#** _____

Date Needed: _____ **Req#** _____ **PO#** _____
(if available)

Payable to: _____

Account Number: _____

Amount of Check: _____ **Check is to be:**

Mailed

Picked up by _____

***Hotel Confirmation:** _____

Other Instructions: _____

For example: Please call John Smith at x1234 when check is ready to pick up. PO total is \$300 for registration for John Smith and Jane Doe. At this time, please cut check for only \$150 to cover Jane's registration.

Processing Policies

The deadline for receipt of this form is 9:00 a.m. for electronic checks and 1:00 p.m. for paper checks on check printing day, Wednesday of each week. If request is received after that time, the check will not be processed until the following week.

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 contact the following individuals if you have questions:

- Barb Jones, Accounts Payable Supervisor - (x5058) - jonesb2@lincolnu.edu
- Julie Kempker, Accounts Payable Clerk II - (x5064) - kempkerj@lincolnu.edu

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