FLORIDA ATLANTIC UNIVERSITY

CHECK REQUEST

Payees Full Name	Department Name

Payee's Z number	Street Address	City	State	Zip Code

Original receipts for all items equal to or greater than $1.00 must be attached to a separate sheet and submitted with this Voucher

Index	Account Code	Description	Amount

I hereby certify that the amounts scheduled above are true in all respects and were expended for State purposes by the payee and that payment therefore has not been received.

Preparer's Signature	Authorized Signature
Title	Title
Date	Date
Extension	Extension

I confirm that I have received the check and it will distributed immediately.

Authorized receiver	Date

Controller's Office use only

Z number	Reviewed by	Date

Reset Form