

K-State Student Union
CHECK REQUEST FORM

Requested by: _____ Date submitted: _____

Expense code: _____ Dept./Committee: _____ Amount: \$ _____

Date check needed: _____ To be picked up by: _____

Payable to:

New vendor? No Yes *(if yes, a completed W-9 must be attached)*

Name of event/purpose of check: _____

Date and location of event (if applicable): _____

Additional information (if applicable):

Requested by: _____ Date: _____

Department head approval: _____ Date: _____

Supporting documentation to include W-9, contract, Appearance Agreement, and Contractual Provisions Attachment, must be attached with the Check Request Form, as applicable.

Submit form and supporting documentation to:
K-State Student Union | Attention Business Services | Rm. 311
918 N. MLK JR. Drive, Manhattan, KS 66506
(785) 532-6575 | unionbusofc@k-state.edu

R 7/20/22