K-State Student Union

CHECK REQUEST FORM

(785) 532-6575 | unionbusofc@k-state.edu

| 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 1 | must be attached) | |
| Name of event/purpos | e of check | κ: | | |
| 1 1 | | | | |
| Sate and location of c | vent (11 ap | ipiicaoic). | | |
| Additional information | n (if appli | cable): | | |
| Requested by: | | | Date: | |
| Department head appr | oval: | | Date: | |
| | t, must be | attached with the Check Req | ance Agreement, and Contractual quest Form, as applicable. | |
| | Attentio | n Business Services Rm. 31 | 1 | |