

Fund Name:			Payee Name & Address: Ven			ndor ID:		
		rund Name:		r ayee Name & Address:	v ei	IUUI	ID.	
				Employee: Student:	t: Vendor:			
AUF CHECK REQUEST		General Ledger Code AUF Accounting Use Only	Foundation Fund Number (6 digits)	Description of Goods or Services* *For entertainment, meals, business functions, and/or employee awards, please complete the AUF Check Reques Justification Form.			Amount	
						 		
Grant funds?	Nar	ne of Grant (if applicable):	Invoice or Receip	t or Authorization Number:	Tota	ıl:		
YES NO			For accurate posting invoice.	purposes, please issue <u>one</u> check request <u>per</u>				
APPROVALS				Attachments:				
Departmental / Requestor Contact: Name: AU ext:				** Please paperclip attachment to the		Yes heck	No remest and it	
Ivanie.			Ao ext.	will be mailed to the vendor.			request unu ti	
Title:				For student or employee related checks: (Including professional dues, immigration or registration fees paid on behalf of a student or				
Signature:			Date:	employee.)	•		•	
				Permission given to another employee up your		Yes	No	
Authorized Signatory Approval:				Mail check to p	payee?	Yes	No	
Name:				For checks to vendors or other external parties**:				
Title:				Mail check to p	payee?	Yes	No	
Signature:			Date:	Requests to pick up checks should be	**Accounts Payable Policy requires vendor checks to be mailed. Requests to pick up checks should be reserved for exceptional circumstances, and must be justified in the section above, and approved by Accounts Payable.			
Additional Sig	nato	ry (if applicable):	•	**To adhere to AUF policies please of				
Name:				current year W-9 on file with AUF l Foundation Accounting at 721 - 620	-	r ca	lling	
Title:			AUF Accounting Manager Authorization:					
Signature:			Date:	Signature:			Date:	