

Send the signed form with attachments to:  
 Fiscal Services  
 Accounts Payable  
 Administration Building - Suite 310  
 Campus Box 211  
 P.O. Box 173363  
 Denver, CO 80217  
 Fax: 303-352-3023  
 Phone: 303-352-3014



## Check Request Form

|   |   |
|---|---|
| Date: _____<br><br>Department Name: _____<br><br>ORG: _____ | <b>Internal Use Only</b><br><br>_____<br>Voucher Number<br><br>_____<br>Vendor Number |
|---|---|

|                   |                |
|-------------------|----------------|
| Payee Name: _____ | Phone #: _____ |
| Address: _____    |                |
| Address: _____    | _____          |
| City              | State          |
|                   | Zip Code       |

**DO NOT USE THIS FORM FOR PAYMENT TO COLLEGE EMPLOYEES FOR PERSONAL SERVICES.**

| Please provide a detailed description of expenses and attach all receipts and/or invoices. | Amount    |
|--|-----------|
|  |           |
|  |           |
|  |           |
|  |           |
|  |           |
|  |           |
| <b>TOTAL</b>   | <b>\$</b> |

***I CERTIFY THAT THE ABOVE DESCRIBED ITEM(S) HAS BEEN RECEIVED, THAT THE COST IS APPROPRIATE, AND THAT THE PAYMENT OF THIS EXPENSE HAS NOT PREVIOUSLY BEEN MADE.***

|                             |           |       |
|-----------------------------|-----------|-------|
| <b>Requestor:</b> _____     | _____     | _____ |
| Print Name                  | Signature | Date  |
| <b>ORG Owner:</b> _____     | _____     | _____ |
| (≤ \$3,000)                 | Signature | Date  |
| <b>Director/Dean:</b> _____ | _____     | _____ |
| (≤ \$10,000)                | Signature | Date  |
| <b>VP/Provost:</b> _____    | _____     | _____ |
| (≤ \$50,000)                | Signature | Date  |
| <b>President:</b> _____     | _____     | _____ |
| (≤ \$200,000)               | Signature | Date  |