

## Check Request Form

### REQUEST INFORMATION

Requested By:

Date Requested:

Requested Amount:

Budgeted/Unbudgeted:

Invoice Number:

Invoice Due Date:

Reason for Request:

Department Name:

Expense Account Name:

Project Coding (only if needed):

Request Approved By:

(Email approval is accepted) ----- Date Approved:

### VENDOR INFORMATION

Vendor Name:

Vendor Address:

Mail to Vendor/Pick up from Finance Office - **or**  
ACH Payment - Please attach banking information

### CHECK REQUEST PROCESS

☐ Fill form electronically

Attach payment support (invoices or if requesting reimbursement valid receipts), email to supervisor for approval and CC: [CheckRequests@Finlandia.edu](mailto:CheckRequests@Finlandia.edu)

After approval ensure completed check request is sent to [CheckRequests@Finlandia.edu](mailto:CheckRequests@Finlandia.edu) and allow 8 business days for payment processing

**\*Note: Check Requests will not be accepted without proper approval and support**