

## Seton Hall University Check Requisition Form

<b>VENDOR NAME &amp; ADDRESS:</b>    	<b>BUSINESS PURPOSE FOR EXPENDITURE:</b>   	<b>SPECIAL INSTRUCTIONS:</b> Please check as appropriate: _____ Check will be picked up: _____ Name for pickup: _____ Telephone: _____  Enclosure attached is to accompany check _____ Check is needed by: (Indicate date) _____
<b>MAILING ADDRESS, IF DIFFERENT:</b>   	<b>OTHER INSTRUCTIONS:</b>  	
<b>If payment is to an individual who is an independent contractor, attach signed IRS form W 9.</b>		

**FILL IN INDEX, ACCOUNT, DESCRIPTION, DOLLAR AMOUNT.  
 IF NO INDEX IS AVAILABLE, COMPLETE FUND, ORGANIZATION, PROGRAM, AND ACCOUNT.  
 ACTIVITY AND LOCATION ARE OPTIONAL.**

INDEX	ACCT	FUND	ORG	PROG	ACTIV	LOCN	DESCRIPTION	INVOICE #	DOLLAR AMT	Procurement Use Only Banner Invoice No.
<b>Grand Total:</b>									-	

<b>APPROVALS:</b> Signatures: _____ Date: _____  <div style="text-align: center; border: 1px solid black; padding: 5px; margin-bottom: 5px;">Requestor</div> <div style="text-align: center; border: 1px solid black; padding: 5px; margin-bottom: 5px;">Cost Center Mgr (up to \$1,000)</div> <div style="text-align: center; border: 1px solid black; padding: 5px; margin-bottom: 5px;">Budget Center Mgr (up to \$10,000)</div> <div style="text-align: center; border: 1px solid black; padding: 5px;">Division Head (over \$10,000)</div>	<b>INSTRUCTIONS:</b> 1. This form may NOT be used for reimbursement of travel, meals or entertainment expenses. 2. This form must have supporting documentation. 3. If an enclosure is to accompany the check, . please attach an extra copy to this form. 4. The user should retain a copy.
<b>Procurement Use Only</b>	
Vendor number: _____	
Procurement initials: _____	
Date: _____	