



Sun Health®

# VENDOR CHECK REQUEST FORM

Date Requested: \_\_\_\_\_ Campus: \_\_\_\_\_

Payable to: \_\_\_\_\_

Please enter NUMBERS ONLY in the fields. Click on YELLOW Text Notes to display reference lists.

CAMPUS	CARE TYPE	DEPARTMENT	GL ACCOUNT	AMOUNT
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CHECK AMOUNT: \_\_\_\_\_

Reason for Payment:

- This description will appear on the check voucher.

**\*\*\* BACK UP DOCUMENTATION FOR ALL REQUESTS MUST BE PROVIDED WITH THIS FORM \*\*\***

- ACTIVITY REQUESTS - PLEASE NOTE: Under "Reason for Payment", always include the Actual Date of the Performance for acting purposes.

Requested by: \_\_\_\_\_

Please check one option:

Return Check to: \_\_\_\_\_

Accounting to Mail Check to\*: \_\_\_\_\_

\* Please provide Full name and address of recipient

Please check one option:

Prepare in normal check run.      Need by: \_\_\_\_\_

Emergency Check                      Need by: \_\_\_\_\_

Requestor Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_

Manager/Director Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Director Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_