



Check Release

ROUTING
AP, MSC 3AP
Phone 646-1189
Fax 646-1077

If approved, Accounts Payable will notify the authorized individual that the check is available for pick-up. A picture I.D. will be required to receive the check. Please note that sound internal control procedures may prohibit approval.

SECTION 1: REQUESTOR INFORMATION

Requestor: _____ E-mail Address: _____ Phone: _____

SECTION 2: REQUEST DETAILS

Internal control procedures require that Accounts Payable mail all disbursements directly to the payee's address. I am requesting an exception to standard procedure for the following reason:

I hereby authorize Accounts Payable to release the check for PO# _____ or attached Direct Pay Request as follows:

Name of employee authorized to receive check: _____

Department: _____

Contact number: _____

Approved: _____
(Department Head, Director or Dean)

SECTION 3: REQUESTOR APPROVAL

Printed Name: _____ Signature: _____ Date: _____

SECTION 4: OFFICIAL APPROVAL

Approved (Business and Finance): _____