



# Check Copy

ROUTING	Treasury Services MSC CAR treassvcs@nmsu.edu Phone 646-4154
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## SECTION 1: REQUESTOR INFORMATION

Requestor: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Fax: \_\_\_\_\_ Phone: \_\_\_\_\_ Department: \_\_\_\_\_ Campus Box: \_\_\_\_\_

## SECTION 2: REQUEST DETAILS

Check Date: \_\_\_\_\_ Check Amount: \$ \_\_\_\_\_ Check Number: \_\_\_\_\_

Type of Check:     Payroll     Accounts Payable     Financial Aid

Check Payee: \_\_\_\_\_

## SECTION 3: REQUESTOR APPROVAL

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 4: INTERNAL DEPARTMENT USE ONLY

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Date Check Cleared: \_\_\_\_\_