



# Operations Restricted Check Request

**CHECK REQUESTS CANNOT EXCEED \$2,500.00**

**INVOICE OR RECEIPT MUST BE ATTACHED  
CHECKS WILL NOT BE PROCESSED WITHOUT BACKUP**

Requested by: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Payable to: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Budget Code:	Fund	Location	Program	Sub-Program	Object	Budget Control	Total Amount

Description to appear on budget reports: \_\_\_\_\_

Budget Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Needed: \_\_\_\_\_

Mail Check      OR      Call when check is ready: Phone/PCD Number: \_\_\_\_\_

**DOCUMENTATION REQUIREMENTS:**

Itemized, original receipt

If payment is for a conference or seminar, confirmation of registration

Must answer these questions:

Who? \_\_\_\_\_

What? \_\_\_\_\_

When? \_\_\_\_\_

Where? \_\_\_\_\_

Why? \_\_\_\_\_

Additional Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_