Virginia State University
Check Request

Date: ____________________________
Banner Account FOAPAL: ____________________________

Amount: $________________________
Funding Source (check one)

State Funds   X
University Funds

(School, Department or Activity)

(P.O. Box)

Purpose: ________________________________________________________________

Payee: ________________________________________________________________

Bill / Supporting documentation Attached (check one): Yes   X   No

Were goods and/or services received (check one): Yes   X   No

Requested by _____________________________________________ Date ____________

Approved by _____________________________________________ Date ______________
(School, Department or Activity Head)

******************************************************************************************
For Cash Management Use Only:

Issuance of Funds:

Check # ___________________ of bank account ________________________________
(Bank Name)

Issued to ____________________ on ____________________________
(Date)

Approved By ____________________ Date _________________________
(Manager of Cash & Investments or Authorized Designee)

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