

For Accounts Payable Use Only:

Voucher #: \_\_\_\_\_

Approved for Payment: \_\_\_\_\_

Date of Entry: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Check Request Form

University of West Georgia

1601 Maple Street, Carrollton, Georgia 30118

678-839-6390

Requester Name: \_\_\_\_\_

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

Requesting Department Name: \_\_\_\_\_

Phone#: \_\_\_\_\_

Chart of Accounts:

Acct Code \_\_\_\_\_ Fund \_\_\_\_\_ Dept \_\_\_\_\_ Prog \_\_\_\_\_ Class \_\_\_\_\_ Proj: \_\_\_\_\_ Amt\$ \_\_\_\_\_

Acct Code \_\_\_\_\_ Fund \_\_\_\_\_ Dept \_\_\_\_\_ Prog \_\_\_\_\_ Class \_\_\_\_\_ Proj: \_\_\_\_\_ Amt\$ \_\_\_\_\_

Acct Code \_\_\_\_\_ Fund \_\_\_\_\_ Dept \_\_\_\_\_ Prog \_\_\_\_\_ Class \_\_\_\_\_ Proj: \_\_\_\_\_ Amt\$ \_\_\_\_\_

Acct Code \_\_\_\_\_ Fund \_\_\_\_\_ Dept \_\_\_\_\_ Prog \_\_\_\_\_ Class \_\_\_\_\_ Proj: \_\_\_\_\_ Amt\$ \_\_\_\_\_

Acct Code \_\_\_\_\_ Fund \_\_\_\_\_ Dept \_\_\_\_\_ Prog \_\_\_\_\_ Class \_\_\_\_\_ Proj: \_\_\_\_\_ Amt\$ \_\_\_\_\_

Total Amount: \$ \_\_\_\_\_

Description of Item(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vendor Look Up:(copy & paste)

OFFICE OF CONTROLLER USE ONLY:

Vendor Information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Approved by:(Research & Sponsored Ops or Tech Fees) If Applicable

Approved by:(Authorized Approver) Required

Approved by: (Dean or Vice President) If Applicable