



## CHECK REQUEST FORM

SEND TO ACCOUNTS PAYABLE : [nau-accountspayable@nau.edu](mailto:nau-accountspayable@nau.edu)

Revised: 12/31/2018

Examples for use include refunds from a revenue account.

Illegible forms will be returned to the department for correction, resulting in payment delay.

DATE:		AMOUNT OF PAYMENT: \$		
<b>ACCOUNT field must be complete. Form cannot be processed if the ACCOUNT field is left blank.</b>				
SPEEDCHART	DEPT	FUND	PROGRAM/PROJECT	ACCOUNT
Payment Term: Net 30 in accordance with A.R.S. <a href="#">35-342</a> .				
Last Name:		First Name:	Phone:	
Street Address:				
City:		State:	Zip:	
E-Mail:				
Vendor Name:		Vendor ID:		
PURPOSE OF PAYMENT (Receipts must be attached):				
The goods/services provided were for authorized NAU business purposes.				
Authorized Signature			Date	
If Grant, Signature from Post Award Accounting Services (Required)			Date	
PREPARED BY:		PHONE :		
<input type="checkbox"/> PLEASE <b>MAIL</b> CHECK TO ADDRESS LISTED ABOVE.				
<input type="checkbox"/> PLEASE <b>HOLD</b> CHECK AND CALL TELEPHONE NUMBER			TO PICK UP.	
<input type="checkbox"/> PLEASE MAIL CHECK TO <b>ALTERNATE ADDRESS:</b>				
Street Address:				
City:		State:	Zip:	
Questions can be directed to <a href="mailto:nau-accountspayable@nau.edu">nau-accountspayable@nau.edu</a>				