



CHECK REQUEST FORM

SEND TO ACCOUNTS PAYABLE : 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: \$
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ACCOUNT field must be complete. Form cannot be processed if the ACCOUNT field is left blank.

SPEEDCHART	DEPT	FUND	PROGRAM/PROJECT	ACCOUNT

Payment Term: Net 30 in accordance with A.R.S. [35-342](#).

Last Name:	First Name:	Phone:
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Street Address:

City:	State:	Zip:
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E-Mail:

Vendor Name:	Vendor ID:
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PURPOSE OF PAYMENT (Receipts must be attached):

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The goods/services provided were for authorized NAU business purposes.

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Authorized Signature

Date

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Vice President, Provost or Dean Authorized Signature:

Date

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If Grant, Signature from Post Award Accounting Services (Required)

Date

PREPARED BY:	PHONE:
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PLEASE **MAIL** CHECK TO ADDRESS LISTED ABOVE.

PLEASE **HOLD** CHECK AND CALL TELEPHONE NUMBER TO PICK UP.

PLEASE MAIL CHECK TO **ALTERNATE ADDRESS:**

Street Address:

City:	State:	Zip:
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Questions can be directed to
nau-accountspayable@nau.edu