Drexel UNIVERSITY

CHECK REQUEST
Accounts Payable Department
3201 Arch St., Suite 400
(215) 895-2840

Please type or print legibly.

1. Payee Information

Name to appear on check:	
Address 1	
Address 2	
City	State	Zip

Is the Payee a U.S. Citizen or Permanent Resident Alien?   Yes   No

Is the Payee employed by Drexel University?   Yes   No

Does the Payee accept credit card payments?   Yes   No

Was this payment attempted with a purchasing card?   Yes   No

Does the requesting department have access to a purchasing card?   Yes   No

Employees or Students

Employee ID or Student ID

_____

**REQUIRED for Employees/Students
(Do not use Social Security Numbers.)**

Non-Employees or Vendors

SSN or
TIN_____
(Individuals)

EIN_____
(Unincorporated Entities)

REQUIRED for Payment Processing

2. Justification & Delivery

Reason for Expenditure:

Check Distribution Instructions: ☐ US MAIL   ☐ PICK UP   ☐ US MAIL WITH ENCLOSURES

3. Funding source

Fund Code (6 digits)	Org. Code (4 digits)	Account Code (4 digits)	Activity Code* (4 digits)	Cost Center Title	Amount
				TOTAL	

* Activity Code is Optional. If additional space is required, please attach a separate sheet. **DO NOT** use additional Check Request forms.

4. Approvals

P.I. / Cost Center Administrator (Additional signatures required for multiple Cost Center allocations.)

Print Name	Signature	Date

Director / Dean

Print Name	Signature	Date

President / Vice President

Print Name	Signature	Date

I hereby certify that all of the information provided on this form is true and correct to the best of my knowledge. If the expenditure is funded by a GRANT or CONTRACT, the approver further certifies that the expenditure complies with all applicable cost principles and regulations of the sponsoring entity.

Prepared by: Date

Location/Mail Stop   Telephone

Submit original form to Accounts Payable at the address above with required supporting documentation. To ensure prompt payment, complete the entire form and obtain necessary signatures. Allow 7-10 working days for processing.

5. For Internal Use Only

☐ 1099   ☐ 1042-S

Withhold as:
☐ US Backup Withholding
☐ 1042 Withholding

Vendor #	A.C.
Reviewer's Signature	**Date**