



CHECK REQUEST FORM

Payee name _____			
Payee title (Including UHF, UH, RCUH & students) _____		Payee's preferred mailing address _____	
<u>Amount</u>	<u>Project #</u>	<u>Object Code</u>	<u>2nd Ref</u> – Optional; prints on IFAS reports. (16 characters maximum)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
\$ _____ Total Requested			
Check description: Will print on check stub. Optional. 30 characters maximum. _____			
Business purpose (To add a second line hit ALT + RETURN): _____			
Name and extension or e-mail of person/requestor to contact _____			
My signature below certifies the expenditure/reimbursement is in line with the purpose of the aforementioned account(s) and complies with the University of Hawai'i Foundation's account policies, supports bona fide university activities, and does not provide any direct or indirect personal benefit.			
Date: _____	Payee (if UH/RCUH employee)	_____	_____
		Print Name	Signature
Date: _____	Account Administrator Approval	_____	_____
		Print Name	Signature
Date: _____	Approval (2nd approval required if over \$3,000)	_____	_____
		Print Name	Signature
Date: _____	Supervisor Signature	_____	_____
		Print Name	Signature
		<i>(Supervisor signature required when payee is dean, director or higher for any meal and entertainment expenses or any other reimbursements above \$150.)</i>	
Please choose one of the following:			
<input type="checkbox"/> Pick up check:		<input type="checkbox"/> Mail check	
Please include name & extension of who to notify when check is _____		_____	
FOR UHF FISCAL USE ONLY			
Invoice # (16): _____	Invoice amount	_____	\$
Invoice date: _____	Due date:	_____	
Relate codes: _____	Separate Ck:	_____	
Misc: _____	Addr:	_____	
Funds Available: _____	Fiscal Approval:	_____	