

This form should **not** be used for paying invoices which relate to purchase orders.

This form should be used for:

- expense reimbursement of any dollar amount (nine or fewer expenses; if submitting reimbursement for more than nine expenses, please use a travel and expense (T&E) report);
- payment to vendors for goods/products totaling \$500.00 or less;
- payment to contractors for services totaling \$500.00 or less.

For payments for goods or services totaling more than \$500.00, please complete a purchase requisition form and submit it to Purchasing, along with a price quotation, invoice, and/or signed contract for the creation of purchase order.

### **INSTRUCTIONS FOR USING CHECK REQUEST FORM**

1. Fill in payee name and address; if the system ID number is known, insert in appropriate box (all students, employees, and alumnae have a system ID number).
2. Indicate the Social Security Number or Employee Identification Number of the payee in the appropriate box if payment is for services to an independent contractor (e.g., lecturers, private caterers, consultants, etc.) to whom the College must report compensation paid on the IRS Form 1099-MISC at the end of the calendar year.

**At no time should a faculty member or staff employee be paid for services on a check request form.**

3. If check is not to be mailed, indicate in the appropriate box to whom it should be returned (e.g. via interoffice mail).
4. If accompanying documents (invoices, applications, letters, forms, etc.) are to be enclosed with check, attach **two** copies of the supporting documents to this form and mark the appropriate box.
5. Indicate accounting information:
  - invoice number or other reference number, if any, and related date of invoice;
  - description of payment that should be printed on check stub - use more than one line if necessary;
  - 20-digit account number to be charged;
  - amount charged to each account number if splitting payment/reimbursement among different account numbers; and
  - total of payment.
6. Provide additional explanation of payment on the bottom if not sufficiently explained in description lines.
7. The check request form will not be processed without the required authorized signature. Do not forget to provide date along with signature.  
Please include your extension so Accounts Payable may call you with any questions.

# BARNARD COLLEGE CHECK REQUEST

ENTERED BY (FOR AP USE ONLY)

ID / VENDOR NO.	IF CHECK IS NOT TO BE MAILED, RETURN TO:	MARK HERE THAT ENCLOSURES ARE TO BE MAILED WITH CHECK ATTACHED	VOUCHER NO.
PAYEE		THIS FORM DOES NOT AUTHORIZE PAYROLL PAYMENTS TO EMPLOYEES OR PAYMENTS AGAINST PURCHASE ORDERS. A SOCIAL SECURITY NUMBER OR TAX ID NUMBER IS REQUIRED BY LAW IF PAYMENT IS FOR PERSONAL SERVICES (HONORARIA, INDIVIDUAL PROVIDERS OF GOODS AND SERVICES, ETC)	
STREET ADDRESS	ADDITIONAL ADDRESS INFORMATION		
CITY	STATE <span style="float: right;">ZIP / COUNTRY</span>		
DEPARTMENT / ACCOUNT NAME		PRINT OR TYPE NAME	EXTENSION
BLDG. / ROOM NO.		APPROVED (SIGNATURE OF PERSON AUTHORIZED TO APPROVE EXPENDITURES)	DATE

IF DISTRIBUTION IS MORE THAN SIX ACCOUNTS, ATTACH LIST

INVOICE NO.	INVOICE DATE	DESCRIPTION - <small>UP TO 30 CHARACTERS PRINTED ON CHECK STUB PER ITEM USE MORE THAN ONE LINE IF NECESSARY</small>	ACCOUNT NUMBER	AMOUNT
TOTAL				

<p style="color: red; font-size: small;">ADDITIONAL EXPLANATION / INSTRUCTIONS</p>	<p style="color: red; font-size: small;">SUPPORTING DOCUMENTS, RECEIPTS &amp; ITEMIZATIONS, MUST BE ATTACHED. INCLUDE ADDING MACHINE TAPE IF MORE THAN ONE INVOICE OR RECEIPT.</p>
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