

Clarification on Common Misuse of the Check Request Form:

- * Invoices:** All authorizations and account coding should be made directly on the face of the invoice. Do not include a check request with an invoice. Please review the Invoice Policy link below.
- * Cash Advances:** For all cash advance requests, please complete a Cash Advance or Travel Request Form
- * Expense Reimbursements:** For all expense reimbursement requests, please complete an Expense Report Form.
- * Independent Contractor:** If the individual is an independent contractor who is performing a service and expecting payment, please complete an Independent Contractor Agreement.
- * Employee:** If the individual is a full or part time employee, payments other than reimbursements must be processed through Payroll. Please contact Payroll at extension 4054 for instruction.
- * Honorariums:** For all honorarium payments, please submit a form W-9 with the individual's social security number for tax reporting purposes. Please be sure to review the Honorarium Policy link below.
- * Approvals:** Approval by the Cost Center budget manager or student organization advisor is required. Email approval is acceptable in lieu of actual signature.

Links to Other Forms and Policy Information:

[Expense Report Form](#)

[Travel Request Form](#)

[Cash Advance \(Not Travel\) Form](#)

[Independent Contract Form](#)

[Honorarium Policy](#)

[Invoice Policy](#)

[IRS form W-9](#)



Check Request

Name of Payee/Vendor: _____ COGIC Career Fair _____

Address of Payee/Vendor: _____ 838 Aztec Drive _____
_____ Murfreesboro, TN 37128 _____

SSN (If Applicable): _____

Total Amount of Payment: _____ \$75.00 _____

Date Check is Needed: _____ 05/05/21 _____

Please indicate preferred Check Delivery Method:

_____ Mail Check Directly to Address Above

Pick Up Check: Name: John Q. Public Contact Number: x4000

_____ Direct Deposit if set up

Description of Request: Registration Fee for booth rental at the COGIC's National High School Career Fair
held on 07/10/2021 in TN (documentation attached)

Cost Center & Expense Acct: _____ 5660-678200 _____

Requested By: _____ John Q. Public _____

Approved By: _____ (cost center budget approver) _____

Date: _____

Date: _____

Please Note: This form should not be used to reimburse expenses, request cash advances, or supplement invoices. For further clarification, please refer to the "Instructions" Tab of this document.