

# Check Authorization

## PAYROLL CHECK

Payable to: \_\_\_\_\_ for Pay Period ending: \_\_\_\_\_

Total Hours: \_\_\_\_\_ @ \$ \_\_\_\_\_ per hour

Total Hours: \_\_\_\_\_ @ \$ \_\_\_\_\_ per hour

Charge Budget Account: \_\_\_\_\_

Chairperson/Department Approval: \_\_\_\_\_ Date: \_\_\_\_\_

## PAYMENT DUE – Please attached approved Purchase Request to this form.

Purchase Request #: \_\_\_\_\_ Due Date: \_\_\_\_\_

Payable to: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Description: \_\_\_\_\_

Charge Budget Line: \_\_\_\_\_

## CHARITABLE CONTRIBUTION – Please check and sign if appropriate.

\_\_\_\_\_ In lieu of receiving payment, I request the reimbursement be considered a charitable contribution and decline reimbursement in cash. Gifts over \$100 will be credited to my Charitable Giving Statement.

Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chairperson/Department Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Asst. Treasurer Approval: \_\_\_\_\_ Date: \_\_\_\_\_