



## Check Request Form

Accounts Payable

Sorenson Hall, 2<sup>nd</sup> Floor

[accountspayable@augustana.edu](mailto:accountspayable@augustana.edu)

### Payee Information

Payable To (Please Print)

Augustana ID (Required if applicable)

Payee (Check One): ☐ Employee

☐ Student

☐ Vendor

Return Check to (Check One): ☐ Requester

☐ Payee

Check Delivery Method (Check One): ☐ USPS

☐ Campus Mail

☐ Pick-Up in Office

If USPS, please provide address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Charge Account Information

Purpose of Check

Account #

Dollar Amount

_____	_____
_____	_____
_____	_____
_____	_____

Total:

### Requester Information

Requested By (please print)

Department/Group

Signature

Date Submitted

SGA Title of Requester (If Applicable): ☐ President

☐ Treasurer

**Please attach a copy of your documentation (i.e. receipts, invoice, registration form, etc.)  
& return to the Business Office.**