

## **CHECK REQUEST**

## **Accounts Payable - Business Office** First FlooržMansion 610!902-8280

		Pleas						
ū	Name to appear on check *							
1. Payee Information	Address 1*							
nforr	Address 2							
yee I	City *	City * State * Zip*						
1. Pa	Is the Payee or Beneficiary a U.S. Citizen or Permanent Resident Alien?  \[ \subseteq Yes \subseteq No \]							
	Is the Payee employed by Cabrini? ☐ Yes ☐ No  All employee reimbursements will be paid through direct deposit.							
ivery	Reason for Expenditure *							
. Deli								
on 8								
2. Justification & Delivery	Invoice No. (Attach original invoice.) *							
Justii	Check Distribution Instructions US MAIL PICK UP MAIL WITH ENCLOSURES							
2								
	Fund Code	Org. Code	Acct. Code	Activity Code*	Co	ost Center		
rce	(4 digits)	(4 digits)	(4 digits)	(4 digits)		Title Amount		
Sou							\$	
Funding Source							\$	
pun							\$	
3. F							\$	
		\$						
* Activity Code When Applicable								
	Department Approval Signature (Additional signatures required for multiple Cost Center allocations.)							
<u>s</u>	Print Name	rint Name Signature					Date	
Approvals	Director / Dean							
Аррі	Print Name Signature						Date	
4.	Vice President#Df	Vice President#DfYg]XYbh						
	Print Name Signature						Date	
I hereby certify that all of the information provided on this form is true and correct to the best of my knowledge. If the expenditure relates to a GRANT or CONTRACT, the authorizing signature above denotes that the expenditure complies with all applicable cost principles and regulations of the sponsoring entity.								
Communication of the Sponsoning Chitis								
Г	repared				Date	7		
В								
L	ocation				Telephone	1		
	ubmit original form to	Accounts Dayable			1			
	Submit original form to Accounts Payable.  Revised 10/09/20							

To ensure prompt payment, complete the entire form and obtain necessary signatures.