



# CHECK REQUEST

**Accounts Payable - Business Office**  
**First Floor Mansion**  
**610!902-8280**

Please type or print legibly

<b>1. Payee Information</b>	Name to appear on check *		
	Address 1*		
	Address 2		
	City *	State *	Zip*
	Is the Payee or Beneficiary a U.S. Citizen or Permanent Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Is the Payee employed by Cabrini? <input type="checkbox"/> Yes <input type="checkbox"/> No		

All employee reimbursements will be paid through direct deposit.

<b>2. Justification &amp; Delivery</b>	Reason for Expenditure *		
	Invoice No. (Attach original invoice.) *		
	Check Distribution Instructions <input type="checkbox"/> US MAIL                      PICK UP                      MAIL WITH ENCLOSURES		

<b>3. Funding Source</b>	Fund Code (4 digits)	Org. Code (4 digits)	Acct. Code (4 digits)	Activity Code* (4 digits)	Cost Center Title	Amount
						\$
						\$
						\$
						\$
						\$
						\$

\* Activity Code When Applicable

<b>4. Approvals</b>	<b>Department Approval Signature</b> (Additional signatures required for multiple Cost Center allocations.)		
	Print Name	Signature	Date
	<b>Director / Dean</b>		
	Print Name	Signature	Date
	<b>Vice President #DfYgJXyb</b>		
	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.

Prepared By	Date
Location	Telephone

Submit original form to Accounts Payable.  
 To ensure prompt payment, complete the entire form and obtain necessary signatures.