



Teachers College
CHECK REQUEST

Accounts Payable
120 Whittier Hall
Box 235

Mail attachment **YES NO** Date: _____

Requested by: _____

Approved by: _____

Print name: _____

TC ID: T

Check if International Activity

Please make check payable to:

Address:

T #

T

Assigned by Accounts Payable

Document ID number

Date Entered

By

Description	Fund	Account	Amount	
Net Amount of Payment				

NOTE

1. Payee cannot authorize his/her own payment, but may request it.
2. Only individuals on "AUTHORIZED SIGNATURE LIST" can approve a check request.
3. Payment between TC departments should be made only by journal voucher. **NOT BY CHECK.**
4. Attach all supporting documents to the Check Request and forward it to Accounts Payable. If originals cannot be submitted, a memo needs to be attached indicating where supporting documentation is on file and the circumstances for not submitting originals.
5. **HONORARIA and CONSULTANT FEES:**
 - Honoraria can be paid only to individuals who are not TC employees.
 - Furnish details of services with dates and total hours related to payment.
 - Specify Social Security Number and full address of the payee.
6. In the space provided, give a description of the payment.
7. Retain the **DUPLICATE** copy of this request for your records.

