



**FACULTY STUDENT ASSOCIATION  
CHECK REQUEST FORM**

TO BE COMPLETED BY BUSINESS OFFICE

BUDGET ALLOCATED	\$
YEAR TO DATE ACCT BALANCE	\$
AMOUNT REQUESTED	\$
REMAINING BALANCE	\$

***INSTRUCTIONS:***

1. Complete Check Request Form and W9 Form (Employees are not required to provide W9)
2. Attach all original receipts and invoices to substantiate the request.
3. Vendor Payments must include original invoice.
4. Approval by Dept Head is required
5. Payable from Specific FSA Sub-Account.
6. An email will be sent to the requester, when check is ready.

**DATE** \_\_\_\_\_ **DOLLAR AMOUNT \$** \_\_\_\_\_

**IS W9 ATTACHED OR ON FILE?** YES ☐ NO ☐ **FSA SUB ACCOUNT#** \_\_\_\_\_  
(Required)

**PAYABLE TO:** \_\_\_\_\_ (PRINT)

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_ **PHONE #** \_\_\_\_\_

**PURPOSE OF CHECK REQUEST:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CHECK REQUEST SHOULD BE:** MAILED ☐ PICKED UP ☐ **DATE NEED BY:** \_\_\_\_\_

**SIGNATURE & TITLE OF PERSON REQUESTING CHECK** \_\_\_\_\_

**APPROVED BY DEPT HEAD:** \_\_\_\_\_

**APPROVED BY FSA** \_\_\_\_\_