

**RIDER UNIVERSITY  
REQUEST FOR CHECK**

For Office Use	
Vendor No.	Voucher No.

**INSTRUCTIONS**

- 1a) Only use this form to request payment for goods and services not invoiced. This form is not required if an invoice is approved and forwarded to Disbursements. HOWEVER, if payment for goods is in excess of \$500.00, a Purchase Order is required in addition to the above.
- 1b) All compensation for Rider University employees will be paid through payroll.
- 2) It is important to provide the complete account name and subcode being charged (NOTE: Provision has been made for charging up to 3 accounts and subcodes for the total of the request; however, most requests will require the use of just one account number and subcode.)
- 3) Submit this form to the Disbursements Office at least 5 days in advance of the date check is required.
- 4) PROVIDE ADEQUATE DOCUMENTATION FOR REQUEST, i.e., price notice from vendor, receipts for reimbursement items, or similar documents indicating method used to determine amount requested. (Request for Check will be returned if documentation is missing or inadequate.)
- 5) Be sure all required signatures appear on form. (Initials are not sufficient.)
- 6) Normally the check will be mailed directly to the payee. However, if you require check to be returned through inter-office mail, mark appropriate box and indicate where the check is to be sent on campus.
- 7) A taxpayer identification number (for an individual - social security number) is required for all 1099 Vendors as well as a complete address and form w-9. Definition of a 1099 Vendor: A non-Rider University individual or a business (not incorporated) being paid an honorarium or a professional fee for services, i.e., tutoring, consulting, painting, plumbing, etc.

Pay to:		If 1099 Vendor-Taxpayer ID No	
Address: (complete address required)			
City		State	Zip Code:
Country (if not USA)			
Account # to be charged:	Subcode:	Amount Requested:	Account Name & Subcode:
Account # to be charged:	Subcode:	Amount Requested:	Account Name & Subcode:
Account # to be charged:	Subcode:	Amount Requested:	Account Name & Subcode:
Account # to be charged:	Subcode:	Amount Requested:	Account Name & Subcode:
Check Stub Description: (limit to 15 characters)		Request Date:	Required Date:
Specific Purpose for Requested Funds: (include all pertinent information & attach backup)			
Authorized Signature for Budget:			
Signature of Vice President or Dean: (if required)			
<b>IF NOT TO BE MAILED, SEND INTER-OFFICE MAIL <input type="checkbox"/></b> <b>TO:</b>			