

**Rider University  
Request for Check**

For Office Use Only	
Vendor #:	Voucher #:

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 in **excess of \$1000.00** a Purchase order is required.
- 1b) All compensation for Rider University employees will be paid through payroll.
- 2) Complete all areas. It is especially important to provide the complete Index Code and Account Code being charged. (NOTE: Provision has been made for charging up to 4 Index Codes and Account Codes for the total of the request, however most requests will require the use of just one account number and subcode.) If you don't have the Index Code, you must complete, Fund#, Org# and Program#, in addition to the Account Code.
- 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, e.g. price notice from vendor, receipts for reimbursement of 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. (Initial are not sufficient.)
- 6) Normally the check will be mailed directly to the payee. However, if you require the check to be returned through inter-office mail mark the 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, e.g. tutoring, consulting, painting, plumbing, etc.

**Pay to:** \_\_\_\_\_ **IF 1099 EIN #** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Country (if not USA):** \_\_\_\_\_

Index Code	Fund#	Org.#	Account Code	Program#	Amount	Description

Total Requested:

**Check Stub Description (Limited 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)**

\_\_\_\_\_

**Special Mailing Instructions:** \_\_\_\_\_ **If not to be mailed send interoffice mail.**

**TO:** \_\_\_\_\_