RIDER UNIVERSITY
Request for Check

INSTRUCTIONS:

1 a) 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.

1 b) All compensation for Rider University employees will be paid through payroll.

2. Complete all unshaded areas. It is especially 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 72 hours in advance of the date check is required.

4. PROVIDE ADEQUATE DOCUMENTATION FOR REQUEST, e.g., 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. 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 Vendor – Taxpayer ID No. ___________________________
Address: (complete address required) ___________________________

City: ___________________________ State: ___________________________ Zip Code: ___________________________ Country (if not USA): ___________________________

Account # to be charged Account Name & Subcode Name
STUTEA 352004 760111 Student Teaching – Travel (Mileage/Tolls)
STUTEA 352004 761316 Student Teaching – Meals
STUTEA 352004 760420 Student Teaching – Instructional Supplies

Amount Requested

Check Stub Description (limited to 15 characters) Request Date Required Date
SP19 SUP Expenses ___________________________ ___________________________ ASAP

Specific Purpose for Requested Funds (include all pertinent information & attach back up)

Field Expense for Student Teacher Supervisor ___________________________

Authorized Signature for Budget: ___________________________

Signature of Vice President or Dean (if required) ___________________________

For Disbursements Use Only: ___________________________ Date Received: ___________________________

Processed for Payment by ___________________________

Date: ___________________________

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