RIDER UNIVERSITY
Request for Check

For Office Use	
Vender No.	Voucher No.

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

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:_____

Acc 100 4