

Middle Georgia State University Agency Account

CHECK REQUEST FORM

Club/Organization Name:		ADVISOR:	
Agency Account #:	A		
Today's Date:		<input type="checkbox"/> Mail Check	
Check Request Date:		<input type="checkbox"/> Check for pickup by	
Requested Amount:	\$		
			Name
Purpose of Request:			

PAY TO (see #2 below):		***Required (Choose One)***
NAME		Federal ID# <input type="checkbox"/>
ADDRESS		Social Security # <input type="checkbox"/>
		MGSC ID# <input type="checkbox"/>

Is this Expense noted in the club minutes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, why not?		

NOTE:

1. Documentation (invoice, receipt, registration form, etc.) stating amount of charge(s) must be attached.
2. Vendors not currently in the Accounting System will need to complete a Vendor Registration Form with the Shared Services Center. Completed vendor forms can be submitted with the check request. Check processing may be delayed.
Vendor Registration Form is located at: http://www.mga.edu/accounting-services/docs/Vendor_Registration_Form.pdf
3. Submit Check request and Documentation at least 3 weeks prior to check request date. Send to AcctsPay@mga.edu. Checks are cut on Wednesday afternoons and on our Cochran Campus.

Form Completed by:

Printed name	Signature Date

Club/Organization Advisor Approval (Required):

Printed name	Signature Date

Club/Organization President or Treasurer Approval (Required):

Printed name	Signature Date

ACCOUNTING USE ONLY			
PAY FROM			
FUND	DEPT ID	ACCOUNT	AMOUNT
60000	A	796400	
60000	A	796400	
Received:		Comments:	
Approved:			