

CHECK REQUEST

PURCHASING DEPT 5765 SERVICE BLDG

DATE: _____

This form may be used for the following expenses:
 Honorarium Payments Conference Registrations
 Subscriptions/Renewals Membership Fees Donations

NEW VENDOR? Yes No
 If No,
 VENDOR # _____

Requester: _____

Dept: _____

Address: _____

Phone: _____

*Please send to Budget & Business Services in Alumni Hall
 for the following expenses:*
 Refunds Travel Related Items
 Employee Reimbursements over \$125.00

CHECK
 PAYABLE TO: _____

ADDRESS: _____

Federal ID # or Social Security #: _____

Phone: _____

Business/Group Non-Employee Employee Student

PeopleSoft ChartField Combinations * = REQUIRED fields

* Unit	* Dept ID	* Account	Class	* Fund	Program	Project	Description of Services	Amount
UMS05							Date(s):	
Note: This form provides you with 3 sections to breakdown account info. and descriptions. If you are using only ONE ChartField Combination, you only need to enter it above. Feel free to further breakdown your items in the "Description of Services"; but you do not need to repeat your chartfield combination . Thank you.								
UMS05							Date(s):	
UMS05							Date(s):	

By signing below, I certify that the individual listed above is not an active University of Maine System student or has not been paid as a University of Maine System employee in this calendar year. Individuals meeting the student or employee criteria must be paid through the payroll system.

Total: _____

Approved by: _____

Signature

Printed Name

Phone Number