

LESLEY UNIVERSITY

CHECK REQUEST

PAYEE _____

ADDRESS _____

PURPOSE: _____

LESLEY UNIVERSITY PERSON /
TELEPHONE NO. TO CONTACT

TELEPHONE

BUDGET UNIT HEAD

DATE		CHECK AMOUNT	
ACCOUNT		VENDOR NO.	
INVOICE NO.		INVOICE DATE	
CHECK ONE: <input type="checkbox"/> MAIL <input type="checkbox"/> PICKUP			
<i>ACCOUNTING USE ONLY BELOW</i>			
VOUCHER NO.		CHECK NO.	
CHECK DATE			

FORWARD ORIGINAL TO ACCOUNTS PAYABLE OFFICE WITH COPIES OF BACK-UP ATTACHED.