



CHECK REQUEST FORM

The Southern Baptist Theological Seminary – GRINSTEAD SOUTH

INSTRUCTIONS: Appropriate supporting documents MUST be attached to this form.

Date Submitted: _____ Completed by (print name): _____
 Dept. Name: _____

SECTION 1: Payee/Vendor Information

Check Payable to: _____

Jenzabar Vendor ID: _____

Remit to Address _____
 on invoice: _____

REQUIRED IF APPLICABLE

Invoice #: _____ (invoice must be attached)

Purchase Order #: _____ (PO must be attached)

Capital Project #: _____

Capital Project Acct #: _____

Check One (if thru a Purchase Order):

Partial Payment

Final Payment

SECTION 2: Justification and Account Information

Please type a detailed explanation for the payment (include dates, course numbers, names, etc).

Check Amount: _____

Requested Check Date: _____
 (see check printing schedule below)

Acct #1 (16 digits): _____

Amount: _____

Acct #2 (16 digits): _____

Amount: _____

Acct #3 (16 digits): _____

Amount: _____

Message to be printed on check stub: _____

SECTION 3: Budget Manager's Approval (signifies receipt of goods/services and approval for payment)

Signature _____

Date _____

CHECK ALL THAT APPLY

Check to be picked up by Payee at Cashier's Window

Check to be mailed by SBTS Accounting to Payee

Check to be picked up by the following named SBTS employee _____ to be handed to Payee on campus (Permissible only for Honorariums).

Does any attached documentation need to be sent with the check?

Yes, please attach the following: _____

NOTE THE FOLLOWING

- Vendor invoices are to be paid NET 30, except for Honorariums, Travel Advances, or with Procurement Office approval.
- Checks are printed on Tuesdays and Fridays (unless a Holiday).
- Check requests with all required info will be processed as follows:
 - Requests received by Friday 4:30pm will print the next Tuesday.
 - Requests received by Wednesday 4:30pm will print the Friday of the same week.

INTERNAL USE ONLY

Disbursement Approved by: _____

Data Entered by: _____

Data Entry Verified by: _____

1099 Vendor _____

Human Resource Approval: _____