



Office of Administrative Services Check Request Form

Purpose of Check :

- Pay a BILL [attach copy of original INVOICE] Reimbursement [attach copy of original receipt(s)]
- Postage for _____
- Mileage reimbursement: # of miles _____ x \$.54 Travel Advance

For mileage reimbursement or travel advance, complete the information below

Travel from/to: _____ Dates of Travel _____

Reason for travel: _____

- Honorarium/Stipend OZARKS Events [i.e. WAIS event / Student Life activity]

Reason: _____

Event: _____ Date of Event: _____

Provide Copy of Contract / Agreement with performer [to include W-9 if applicable]*

*(IRS Form W-9 is required for payments of \$600 or more to an individual. Forms are available from the Business Office or on the IRS home page @ www.irs.gov.)

- Transfer of Funds: From Account # _____ To Account# _____

Reason for Transfer: _____

- Other [please specify and provide appropriate documentation] _____

University of the Ozarks 415 N College Avenue Clarksville, AR 72830	Date: _____
	Amount: \$ _____
Make Check PAYABLE TO: _____ (address of PAYEE) _____ _____	
Account #: _____	

Area in gray is to be completed in its entirety, with the exception of PAYEE address. This may be left blank if PAYEE is an Ozarks' employee or student.

Properly completed check request form must be in the Office of Administrative Services by 4:30 p.m. on TUESDAY for check to be ready the following THURSDAY.

Requester (print name and title, then sign)

Date

Director Level Approval (print name and title, then sign)

Date

Senior Staff Approval (if applicable) (print name and title, then sign)

Date