UNIVERSITY OF NORTHERN COLORADO
EFT & CHECK REQUEST FORM

RETURN THIS FORM TO ACCOUNTS PAYABLE CARTER 1002, BOX 61

Date _____

Department Name _____

Originator Name/Phone # _____

☐ **Hold check for pick up**

Authorized Signature _____

Vendor & Address (Last name first)
(30 space limit)

_____
_____
_____
_____

Use only for the direct payment of dues and memberships, travel and petty cash reimbursements, refunds, registration fees, doctors, independent contractors, utilities, and other appropriate items.

Bear Number Identification _____
(DO NOT USE SOCIAL SECURITY NUMBER)

FOAPAL#(s) Amount

Fund	**Org**	**Acct**	**Prog**	**Activity**		Check Stub Information (20 space limit)
TOTAL					$ -	

AP (rev. 090/03/09)