



Check / ACH \_\_\_\_\_

**UNIVERSITY OF NORTHERN COLORADO  
OFF-CYCLE CHECK REQUEST**

Please Type or Print

Date \_\_\_\_\_

Department Name \_\_\_\_\_

Originator Name/Phone # \_\_\_\_\_

**PAYEE INFORMATION**

Name \_\_\_\_\_ Amount \_\_\_\_\_

FOAPAL # \_\_\_\_\_

Reason for handwritten check request \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CHECK FEE ASSESSMENT: A twenty-five dollar (**\$25**) fee assessment is due when processing a off-cycle check request.

FOAPAL to be charged fee: \_\_\_\_\_

Signature of Requestor \_\_\_\_\_ Date \_\_\_\_\_

FOAPAL Signature Authority \_\_\_\_\_ Date \_\_\_\_\_

FOAPAL # to be credited: **10830 51220 57520 0170**

Signature of the Manager of Accounts Payable \_\_\_\_\_