

**UNIVERSITY OF NORTHERN COLORADO
ACH & CHECK REQUEST FORM**

XTENDER FORM TO
AP-Requests for Payments

Date _____

Department Name _____

Hold check for pick up

Originator Name/Phone # _____

Authorized Signature _____

Please type/print name _____

Vendor Name & Mailing Address (Required)
(30 character limit)

Vendor Name: _____

UNC Employee

Address: _____

UNC Student

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

Backup documentation (invoice, agreement, receipts, etc.) is required.

Incomplete forms will be returned to the originating department.

Reimbursement requests submitted more than 60 days after expense is incurred will be considered taxable income.

FOAPA #(s)

Fund	Org	Acct	Prog	Activity	Amount	Check Stub Information (20 character limit)
TOTAL						