

Emergency Check Request Form

Form Use: Internal form for **EMERGENCY TRANSACTIONS** only, which require same day processing. This form is used to request a check the same day. An emergency check cannot be processed without all required documentation including a direct pay form and original receipts or an original invoice, purchase order and receiving report. The vendor must be added into Banner and have a W-9 on file before an emergency check request can be processed by the Accounts Payable Office.

Please review these requests closely to assure they could not be processed in our normal payment cycle, as our goal is to keep emergency check requests to a minimum. A justification for the emergency need of this request should be provided and a Dean/Department Head/Director must sign this form. This form should be **hand-delivered** to the appropriate Accounts Payable representative with required documentation attached.

Date

Vendor Name (Required)	<input type="text"/>		
Banner ID# (Required)	<input type="text" value="N"/>		
Address (Required)	<input type="text"/>		
	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip	<input type="text"/>

Reason for Emergency Request (Required)	<hr/>
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THIS TRANSACTION HAS BEEN REVIEWED AND IS AN <u>EMERGENCY</u> AND SHOULD BE PROCESSED AS SUCH.	
Requestor's Name	<input type="text"/>
Requestor's Signature	<input type="text"/>
Dean/Department Head/Director Signature	<input type="text"/>

Please Hand-Deliver To:

Accounts Payable Office
Bldg. 53/Room 205