

SCHOOLCRAFT COLLEGE
18600 Haggerty Road, Livonia, Michigan 48152-2696

CHECK REQUEST

CHECK REQUEST FORMS

Check request forms may be used for expenditures such as:

Agency Fund Expense
Air Fares
Athletic Events—Food Expenses
Auditors
Billing Agency Fees
Credit Card Payments
Entry Fees
Faculty Development (Not travel)
Foundation Expenses
Gasoline Purchases
Insurance Expenses
Legal Fees
Memberships
Petty Cash Reimbursement
Postage—Bulk and Metered
Professional Services—i.e., Bands, Honorariums, Medical Services,
CE/CS
Instructors, Athletic Officials, Testing Services
Property Tax Refunds
Reimbursement of Expenses to Employees
Subscriptions
Utility Expenses
Unemployment Compensation

Invoices or other supporting documentation must be attached.

DISTRIBUTION

1. The originator should complete three (3) copies of the check request form.
2. Originator retains the third copy (yellow) and sends the first and second copy to the appropriate administrator for approval.

3. When the expenditure exceeds \$500.00, or is payable to an administrator, an executive approval is required. If the expenditure is payable to an executive, another executive must approve the disbursement.
4. After approval, the first copy (pink) is sent to Accounting along with all original supporting documents, and the second copy (green) is returned to the originator.

COMPLETION OF FORM

1. Budget Year—Indicate to which fiscal year the expenditure should be charged.
2. Date Needed—Indicate when the payment is needed. If no due date, leave blank.
3. Make Payment Payable To —Type full name of payee, generally the name as it appears on the invoice or contract. Employee payments will be made by direct deposit only.
4. Address—Type the full address. Make sure you indicate the remittance address if different from the order address.
5. Social Security Number—Must be completed for independent contractors; i.e., honorariums, officials, speakers, performers, etc., and employees. (Employees may submit College ID Number instead of Social Security Number.)
6. Account Number—Type full account number to be charged.
7. Amount—Indicate the amount to be charged to the account number(s).
8. Description—Describe the purpose of the expenditure; i.e., group insurance premium for the month of November.
9. Total—Indicate the total amount to be paid.
10. Special Handling Instructions—All checks will be mailed unless you indicate alternate treatment. Indicate if there are any documents that should be attached to the check.
11. Requester—Signature and date.
12. Approved By—Signature and date (generally this is the person responsible for the budget center).

13. Executive Approval—Signature and date when required.

DIRECT PAYMENTS

This form is to be used for direct payments. It cannot be used for expenditures that have been encumbered through the issuance of a purchase order or requisition.

Revised—Cabinet
March 20, 1989
Reviewed—Cabinet
May 30, 1996
Revised—Cabinet
October 11, 1999
Revised—Cabinet
January 8, 2002
December 7, 2004
March 13, 2007
Reviewed—Cabinet
June 18, 2013
Reviewed—VP and CFO
August 1, 2019