

TEMPLE UNIVERSITY REQUEST FOR PAYMENT

(CHECK REQUEST)

US Citizen or
Permanent
Resident

Other

PAY TO THE ORDER OF	NAME	REQUESTING DEPARTMENT	DATE:
	ADDRESS	CONTACT:	PHONE:
	CITY STATE ZIP	DESCRIPTION	CHECK REQUEST NUMBER

VENDOR NO	SEQUENCE NO	DATE	AMOUNT	REFERENCE NO	DUE DATE

FUND	ORG	ACCT	PROGRAM	AMOUNT	DESCRIPTION

TOTAL AMOUNT OF CHECK			DOLLARS
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(IN SCRIPT)

APPROVAL	BUDGET UNIT HEAD	DEPT. HEAD
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