

Who: The PI is ultimately responsible for the budget on each of his/her projects but support staff may be asked to complete some of this work. The PI must sign the Check Request Form.

What: The Check Request Form contains the information F&BS needs to release payment to a vendor.

Where: Web Reports: finance.tcnj.edu; Forms: finance.tcnj.edu/forms/; F&BS Office: Administrative Services Building Room 201.

When: Once an invoice has been received and all necessary information is available to complete the Check Request Form.

Why: To ensure timely and correct payment to vendors and appropriate direct charging of grant expenses.

How: Complete the Check Request Form using chartfield information you retrieve from Web Reports and information on the invoice. Deliver the completed and signed Check Request Form with the original invoice and W-9 from the vendor to Finance and Business Services (F&BS). Keep a scanned copy of the Check Request Form package for your records.



PO #

Indicate the purchase order (PO) number, if applicable. A PO must be entered for purchases over \$5,000.

Accounts Payable Check Request Form
Do not submit Check Request over \$5,000 without a purchase order number

TCNJ Vendor ID# _____	Name: _____
Address: _____	Attn: _____
Address: _____	City: _____
State: _____	Zip: _____

Complete this entire section with the vendor information from the invoice. If you do not know the vendor ID, leave it blank.

Account	Fund	DeptID	Program	Class	BdgtPd	Proj/Grt	Amount	AP Use Only
TOTAL							0	

Complete this section with the chartfields to be charged. Verify there is sufficient budget available to pay the invoice. Invoice amounts can be split among multiple chartfields.

Please indicate type of payment and follow directions that apply

<input type="checkbox"/> Vendor Payment	<input type="checkbox"/> Employee Reimbursement
Directions: Attach Vendor Invoice Approval of Payment on Invoice Required If over \$1,000, attach telephone quotes	Directions: Provide detailed description below Attach receipts with vendor name affixed Do not use for travel reimbursement

Indicate whether it is a vendor payment or employee reimbursement.

Item #	Qty	Unit	Description	Unit	Price	Amount

Check "Hold for Pickup" if you would like to pick up the check in F&BS rather than having it mailed.

SPECIAL HANDLING Please check if applicable. HOLD FOR PICKUP ENCLOSURE SEPARATE CHECK

Name: _____ Telephone: _____

COMMENTS: _____

The PI must sign all grant check requests. If the check request is for reimbursement to the PI, the PI's supervisor must sign.

Department Approval
Your signature below indicates the authority to approve payments through the specific chartfields provided, and confirms that the funds have been allocated and are available

_____ Signature Department Chair/Director	_____ Print Name	_____ Extension	_____ Date
_____ All Academic Grant, Contract & Enterprise Program Expenditures Signature	_____ Print Name (OAGSR)	_____ Extension	_____ Date

Forward completed form to The Office of Finance & Business Services, Administrative Services Building, Room 201.

More Information: For more information refer to the Grant Financial Management Manual or contact the Office of the Treasurer at 609.771.2186.