

# CHECK REQUEST



**FAIRLEIGH  
DICKINSON  
UNIVERSITY**

ACCOUNTS PAYABLE DEPT.  
1000 River Road, T-FH2-02  
Teaneck, NJ 07666  
201-692-2009

**G.L. ACCOUNT NUMBER    AMOUNT**


**VENDOR (CHECK PAYABLE TO)**

**INITIATOR:**

Name

Department

Mail Code  Extension

DATE  **Currency**

INVOICE #

INVOICE DATE

Payment to resident     Payment to a non resident

Payment to a third party on behalf of a non resident

**DESCRIPTION:**

**AMOUNT**


State Tax Exempt Certificate # E-221-494-434/001

**TOTAL AMOUNT**

**FOR A/P USE ONLY**

Requested By:  Date

VOUCHER #: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date \_\_\_\_\_

**Report Status:**  1099     1042

Approved By: \_\_\_\_\_ Date \_\_\_\_\_

A/P APPROVAL: \_\_\_\_\_

Approved By: \_\_\_\_\_