

**ST. THOMAS UNIVERSITY**  
**CHECK DISBURSEMENT REQUEST**

Date: \_\_\_\_\_

\*Check Needed By: \_\_\_\_\_

\*Normally 30 days from date of invoice

**PAYEE ADDRESS:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SPECIAL HANDLING INSTRUCTIONS:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

GENERAL LEDGER NUMBER (MUST HAVE 13 DIGITS)	DESCRIPTION	INVOICE #	TOTAL COST
		TOTAL COST:	

**REQUIRED**

**REQUESTED BY:**

\_\_\_\_\_

\_\_\_\_\_ Date Signed

**DEPT. HEAD APPROVAL:**

\_\_\_\_\_

\_\_\_\_\_ Date Signed

**ACCTS. PAYABLE APPROVAL:**

\_\_\_\_\_



\_\_\_\_\_ Date Signed

**FOR AP DEPARTMENT USE ONLY**

Voucher #: \_\_\_\_\_

Voucher Date: \_\_\_\_\_

Check Issued Date: \_\_\_\_\_

Check #: \_\_\_\_\_