

ST. THOMAS UNIVERSITY

CHECK DISBURSEMENT REQUEST

Date: _____

*Check Needed By: _____

*Normally 30 days from date of invoice

PAYEE NAME & 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 #: _____