



DOANE
UNIVERSITY

CHECK REQUEST

TO: BUSINESS OFFICE

DATE: _____

Please issue a check to: _____
First Name *Last Name*

_____ *Street Address*

_____ *City* *State* *ZIP*

Amount: \$ _____ Date needed: _____

Explanation of payment: _____

Charge account number: # _____

Requested by: _____ Office/Department: _____

Mail this check _____ - OR - I will pick this check up _____

NOTE: You are required to attach any and all receipts related to these funds before you will be reimbursed. All check requests must be made by Mondays at noon. Checks may be picked up from the Business Office on Wednesdays.