



Heidelberg College

Business Office

Check Request (Please attach original receipts for expense reimbursements)

NOTE: Fill out the form online, print, and send it to Barb Gabel

Request for Payment To:
(please print/type clearly) Date: _____

Name _____

Street 1 _____

Street 2 _____

City _____ State _____ Zip _____

Social Security Number _____
(required for honorariums, officials, contractors, and reimbursements)

Special Requirements	
<input type="checkbox"/>	Send to Payee
<input type="checkbox"/>	Send to _____
<hr/>	
<input type="checkbox"/>	Will pick up at Business Office
<input type="checkbox"/>	Other _____
<hr/>	

Purpose of Payment	Fund Code 4 digits	Org. Code 5 digits	Acct. Code 5 digits	Program Code 2 digits	Amount

Amount \$

Requested by: _____ Ext. #: _____

Approved by: _____ Ext. #: _____

Note: Incomplete forms will not be processed and will be returned to you for completion.

White: Business Office

Yellow: Department