HARTWICK COLLEGE

Hartwick College Check Request Form

Send completed request and supporting documentation to Accounts Payable.

FILLABLE PDF

1. Payee / Vendor Information

Date Submitted

Payable To (Include vendor # or employee ID if possible)

Existing Vendor/Payee?

☐ Yes ☐ No ☐ Unsure

Mailing Address

Email & Phone Number (Optional)

Vendor setup / payment documentation note

Do not include SSNs, tax ID numbers, bank information, or other sensitive payment data on this form. If W-9/vendor setup is needed, AP or Purchasing should contact the payee directly using the contact information above.

2. Payment Details and Account Coding

Amount of Check

Payment Type

☐ Invoice ☐ Reimbursement ☐ Honorarium ☐ Other

Purpose of Check / Business Reason

Attach invoice, receipt, agreement, event approval, or other supporting documentation as applicable.

Account to be charged (complete GL account number - 14 digits)	Amount	Description / Notes

3. Request and Approval

Requested By (please print)

Department

Requester Email / Phone

Approved By (please print)

Approval Signature

Date Signed

Note: You cannot approve any reimbursement to yourself or family members. These must be approved by a Vice President.

4. Disposition of Check

☐ Mail to above address ☐ Other instructions / exception

The College mails AP checks to vendors from the Financial Services office to satisfy internal control requirements. If the check must be returned or handled another way, clearly