



CHECK REQUEST

Accounts Payable - Business Office
First Floor Mansion
610!902-8280

Please type or print legibly

1. Payee Information	Name to appear on check *		
	Address 1*		
	Address 2		
	City *	State *	Zip*
	Is the Payee or Beneficiary a U.S. Citizen or Permanent Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Is the Payee employed by Cabrini? <input type="checkbox"/> Yes <input type="checkbox"/> No		

All employee reimbursements will be paid through direct deposit.

2. Justification & Delivery	Reason for Expenditure *		
	Invoice No. (Attach original invoice.) *		
	Check Distribution Instructions <input type="checkbox"/> US MAIL PICK UP MAIL WITH ENCLOSURES		

3. Funding Source	Fund Code (4 digits)	Org. Code (4 digits)	Acct. Code (4 digits)	Activity Code* (4 digits)	Cost Center Title	Amount
						\$
						\$
						\$
						\$
						\$
						\$

* Activity Code When Applicable

4. Approvals	Department Approval Signature (Additional signatures required for multiple Cost Center allocations.)		
	Print Name	Signature	Date
	Director / Dean		
	Print Name	Signature	Date
	Vice President #DfYgJXyb		
	Print Name	Signature	Date

I hereby certify that all of the information provided on this form is true and correct to the best of my knowledge. If the expenditure relates to a GRANT or CONTRACT, the authorizing signature above denotes that the expenditure complies with all applicable cost principles and regulations of the sponsoring entity.

Prepared By		Date
Location		Telephone

Submit original form to Accounts Payable.
 To ensure prompt payment, complete the entire form and obtain necessary signatures.