



REQUEST FOR CHECK 2011

Mail Completed Form To:
 Judy Young
 Coordinator/Academic Advisor UB
 University of Wisconsin Stevens Point
 204 Nelson Hall
 Stevens Point, WI 54481

Please issue check to:

Name: _____ Phone: (____) ____ - _____

Address: _____

City/State/Zip: _____

Disposition of check if not mailed to payee: _____

Office Use Only	In Payment of the following (itemize)	Amount
TOTAL AMOUNT OF REQUEST:		\$

Requested by _____ Date _____

Approved: President _____ Date _____

Comments/Explanation:

Check Issued: Treasurer _____ Date _____

Check Number _____

THIS VOUCHER FORM MUST BE USED FOR ALL DISBURSEMENTS ON WAEOPP ACCOUNTS

Instructions: Refer to the WAEOPP Fiscal Policies and Procedures Manual if Necessary. In "Comments" identify the purpose for the activity(s) or purchase(s), clearly identify which committee this request is for if appropriate.