

University of North Carolina School of the Arts Foundation, Inc. CHECK REQUEST

PAYEE (60 characters)

*** New Vendors must provide a W-9 form to receive payment ***

ADDRESS (30 characters)

(30 characters)

CITY (20 characters) STATE

COUNTRY (3 characters) ZIP

Account Code					
Project	Fund	Account	Dept	Budget	Amount

TOTAL CHECK AMOUNT

Date Check Needed

Purpose of Disbursement (Support Documentation must be attached)

Note for Personal Services Is the out-of-state payee subject to 4% NC Withholding Tax? Yes No

If no, supply the Certificate of Authority Number

CHECK DISTRIBUTION (Select One)

Mail to Payee Mail to Other (Specify)

Return Check to Department Department Name Department Contact

Prepared By Date

Authorized By Date

CFO / CAO / Provost Date