TEXAS CHRISTIAN UNIVERSITY
DEPARTMENTAL CHECK REQUISITION

To be completed by department

Vendor _____

_____

_____

_____

Vendor Tax ID#: _____

Date: _____

Department placing order must complete all areas and attach invoice or other supporting documentation for check to be issued. After receiving all applicable departmental/school/college approvals, submit completed form to Accounts Payable, Sadler Hall # 2011, TCU Box 297011.

Dept. Name	Bldg. & Room #	TCU Box	Contact Person	Extension

Quantity	Description of Purchase	Cost	Total

	Account	Fund	Dept	Project
Authorized Codes				

Total Cost: $0.00

Approver (Printed Name)	Date

Approver Signature

Approver (Printed Name)	Date

Approver Signature

Rev 7/29 CR