



Check Request Form

All check requests must include acceptable documentation (invoice, detailed receipt(s), registration and payment confirmation, etc.) before a payment will be processed.

For check request questions, please contact Nicole in the CARA office at Nicole.Haltiner@sdsmt.edu or (605) 394-2366.

Date

Payable to Name

Payable to Address

Dollar Amount

Account Number

Description of Expense

Contact for questions regarding this request (name and phone ext.)

Authorized Signature

I certify that the above items have been received and/or services have been performed.
I certify that the funds are available from the account(s) indicated above.

Printed Name of Authorized Signer

Title of Authorized Signer

Department of Authorized Signer

Check Distribution

Mail to Payee

Campus Mail to Department

Campus Mail to Student Mailbox

Hold for pick up - person's name or department

CARA Use Only:

Check picked up by: _____ / _____
Signature Print Name