



# MISCELLANEOUS CHECK REQUEST

AS02  
r 10/98

Attach third party documentation.

Payment to be made from	<input type="checkbox"/> LSU Bank (0001)	Requesting Department		
	<input type="checkbox"/> LSU Foundation (0002)	Department Contact		
	<input type="checkbox"/> LSU Property Foundation (0007)	Contact Phone		FAX
Vendor # or TIN		Document number		Doc Type <b>MC</b>
Payee Name				Citizen of U.S.? { } Yes { } No, citizen of  Country
Address				
Doc Date		Remittance message (limited to 60 characters)	Sales Tax	
Employee?	{ } Yes { } No		Freight	
Payment Route			Additional Cost	
Separate Check?	{ } Yes		Document Total	\$
1099 Code			Due Date	____/____/____
Due Date				

Acct Number	Txn Type	Object	Sub Object	Project Number	Encumbrance		DR/CR	Amount	PYO	Liq
					Type	Number				

Purpose of payment \_\_\_\_\_

Check distribution instructions \_\_\_\_\_

**This form may be used to request payments for:**

refunds	gasoline charges
pure freight	payments charged to
telephone charges	revenue or liability
utility charges	accounts

Approved by \_\_\_\_\_ /\_\_\_\_/\_\_\_\_  
Authorized Signature Date