

MACALESTER COLLEGE CHECK REQUEST

DO NOT use this form for payment of lecturers, speakers, honorariums, and entertainers. Use the Payment Authorization for Non-Employee Services to request payments in those applications.

PAYABLE TO: (Legal Name & Address)	Date _____	AMOUNT
	Macalester ID# _____	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>
	Taxpayer ID# (social security #) _____ - _____ - _____	

DESCRIPTION OF BUSINESS PURPOSE: (Business purpose is a description of how the incurred expenses relate to the employees departmental duties) **Original receipts must be attached**

FOAPAL	_____ - _____ - _____ - _____ - _____ - _____	_____ - _____ - _____ - _____ - _____ - _____	_____ - _____ - _____ - _____ - _____ - _____	_____ - _____ - _____ - _____ - _____ - _____	_____ - _____ - _____ - _____ - _____ - _____	\$ _____
FOAPAL	_____ - _____ - _____ - _____ - _____ - _____	_____ - _____ - _____ - _____ - _____ - _____	_____ - _____ - _____ - _____ - _____ - _____	_____ - _____ - _____ - _____ - _____ - _____	_____ - _____ - _____ - _____ - _____ - _____	\$ _____
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FOAPAL	_____ - _____ - _____ - _____ - _____ - _____	_____ - _____ - _____ - _____ - _____ - _____	_____ - _____ - _____ - _____ - _____ - _____	_____ - _____ - _____ - _____ - _____ - _____	_____ - _____ - _____ - _____ - _____ - _____	\$ _____
FOAPAL	_____ - _____ - _____ - _____ - _____ - _____	_____ - _____ - _____ - _____ - _____ - _____	_____ - _____ - _____ - _____ - _____ - _____	_____ - _____ - _____ - _____ - _____ - _____	_____ - _____ - _____ - _____ - _____ - _____	\$ _____
	Fund	Organization	Account	Prog	Activity	Location

SPECIAL INSTRUCTIONS: Check will be sent intercampus mail to faculty/staff/students and mailed to off-campus payees unless instructed otherwise:

Department: _____ Initiated by: _____

Approved by: _____ (signature) _____ (printed name)

Line Officer Approval (if necessary): _____ (Signature)