

Request for Copy of Check

New Mexico State University
Accounts Payable

REQUESTER INFORMATION

Name: _____ Department: _____

Phone No: _____ Fax No: _____ Campus Box: _____

CHECK INFORMATION

Check Date: _____ Check Amount: \$ _____ Check Number: _____

Type of Check: Payroll Accounts Payable Financial Aid

Check Payee: _____

FOR OFFICE USE ONLY: TREASURY SERVICES

Processed by: _____ Date: _____

Date Check Cleared: _____

Submit to MSC 3AP