CENTRAL MICHIGAN UNIVERSITY

CMU

CHECK REQUEST FORM
Check Inquiry/Stop Payment/Photocopy

Check issue date: _____

Check paid date: _____

Check #: 00- _____
　　　　　　(8 digits)

Issued to: _____

Reason for Request: _____

If check is outstanding, request Stop Payment (Y/N): _____

If check is not outstanding, request photocopy (Y/N): _____

Requested by: _____
　　　　　　　　(Name, department, and phone)

Date of request: _____

Processed by: _____
　　　　　　　　　　(Name)

Date processed: _____

Special Instructions: _____

_____

_____