

### Initiator Information

Date \_\_\_\_\_

Note: Initiator cannot be the same person as the Payee

Name \_\_\_\_\_

Department \_\_\_\_\_

LU E-mail \_\_\_\_\_@liberty.edu

Phone # \_\_\_\_\_

### Payee/Vendor Information

Employee ID # \_\_\_\_\_

Date Check Needed \_\_\_\_\_

Payee/Employee Name: \_\_\_\_\_

Additional Documentation Attached

	Payroll Index Code	Account / Commodity	Amount	Purpose/Description
1			\$	
2			\$	
3			\$	
4			\$	
5			\$	
<b>Total Check Amount</b>			\$	

### Approvals

Dept Supervisor/Chair (Print) \_\_\_\_\_ (Sign) \_\_\_\_\_ Date \_\_\_\_\_

Dean/Division Leader (Print) \_\_\_\_\_ (Sign) \_\_\_\_\_ Date \_\_\_\_\_

Vice Provost (Academics) (Print) \_\_\_\_\_ (Sign) \_\_\_\_\_ Date \_\_\_\_\_

Provost (Academics only) (Print) \_\_\_\_\_ (Sign) \_\_\_\_\_ Date \_\_\_\_\_

Executive VP for HR (Print) \_\_\_\_\_ (Sign) \_\_\_\_\_ Date \_\_\_\_\_