

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			\$	
Total Check Amount			\$	

Approvals

Dept Supervisor/Chair (Print) _____ (Sign) _____ Date _____

Dean/Division Leader (Print) _____ (Sign) _____ Date _____

VP for Human Resources (Print) _____ (Sign) _____ Date _____