



ACCOUNTS PAYABLE

REQUEST FOR LIMITED PURCHASE CHECKS

DATE DEPARTMENT NAME DEPARTMENT PHONE NUMBER CAMPUS ADDRESS DELIVERY CODE

Agreement

I accept custody of these Limited Purchase Checks with the understanding that I am personally accountable for the checks. I further assert that I have read the User's Guide and understand that I will immediately forfeit my privileges in this program if I or any of my assigns prepare a check for an amount that is greater than the face value of the check.

CHECK CUSTODIAN'S EMPLOYEE ID CHECK CUSTODIAN'S PRINTED NAME AND SIGNATURE CHECK CUSTODIAN'S PHONE # CUSTODIAN'S EMAIL ADDRESS

University policy and procedures provide guidelines for utilizing Small, Minority, & Women-owned businesses. It also has guidelines for small dollar purchases. My department accepts responsibility for following these policies and for the improper use, theft, or loss of the Limited Purchase Checks that are released to us. In the event that we do not allocate the amount on the check copy, or do not have adequate funding in an activity or project within the allocation, or otherwise do not forward a copy of the check and supporting documentation in a timely manner, you are authorized to charge my Default Chartfield for the full amount of the check and related processing fees. I further understand that violations of the Limited Purchase Check policy will result in the loss of their use, and that improper use of the Limited Purchase Check may result in disciplinary action up to and including termination of employment and full restitution to the University for all related sustained losses.

DEFAULT CHARTFIELD SIGNATORY'S EMPLOYEE ID PRINTED NAME AND SIGNATURE OF THE AUTHORIZED SIGNATORY ON THE DEFAULT CHARTFIELD SIGNATORY'S EMAIL ADDRESS

Number of checks requested: Beginning/ending check numbers: This order was filled by: The checks were delivered to: The checks were delivered on: (Signature) (Date)