Office of Administrative Services Check Request Form

**Purpose of Check:**

- ☐ Pay a BILL [attach copy of original INVOICE]
- ☐ Reimbursement [attach copy of original receipt(s)]
- ☐ Postage for ____________________________
- ☐ Mileage reimbursement: # of miles _____ x $0.54
- ☐ Travel Advance

For mileage reimbursement or travel advance, complete the information below

- Travel from/to: ____________________________
- Dates of Travel: ____________________________
- Reason for travel: __________________________

- ☐ Honorarium/Stipend
- ☐ OZARKS Events [i.e. WAIS event / Student Life activity]

- Reason: ____________________________________________
- Event: ____________________________
- Date of Event: _______

Provide Copy of Contract / Agreement with performer [to include W-9 if applicable]*

* (IRS Form W-9 is required for payments of $600 or more to an individual. Forms are available from the Business Office or on the IRS home page @ www.irs.gov.)

- ☐ Transfer of Funds: From Account #___________ To Account#___________
- Reason for Transfer: ____________________________________________

- ☐ Other [please specify and provide appropriate documentation]
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**University of the Ozarks**

415 N College Avenue

Clarksville, AR 72830

Date: ______________

Amount: $______________

Make Check PAYABLE TO: ____________________________

(address of PAYEE) ____________________________

Account #: ___________

Area in gray is to be completed in its entirety, with the exception of PAYEE address. This may be left blank if PAYEE is an Ozarks’ employee or student.

Properly completed check request form must be in the Office of Administrative Services by 4:30 p.m. on TUESDAY for check to be ready the following THURSDAY.

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Requester (print name and title, then sign) Date

Director Level Approval (print name and title, then sign) Date

Senior Staff Approval (if applicable) (print name and title, then sign) Date