

## MANUAL PAYROLL CHECK REQUEST

**There is a \$50 per check charge for issuing a manual payroll check. Please provide the budget code and payment authorization signature in the spaces indicated below.**

Date:	Budget Code:	Debit Sub-object code: 5701
Payment Authorized by: (print name)	Title:	Authorized Signature:
Department Name:	Department Contact Person:	Telephone Number:

### PROVIDE THE FOLLOWING INFORMATION

Employee Name:	UIN:	Pay Period:
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Amount:	Reason for Request (check one):  <input type="checkbox"/> Late Paperwork <input type="checkbox"/> Financial Hardship <input type="checkbox"/> Other (please explain)  <b>Note: Attach a copy of source payroll document (manual timesheet, etc.)</b>
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Justification for Request:

### DO NOT ENTER ANY INFORMATION BELOW THIS LINE OFFICE OF FINANCE USE ONLY

Doc #	Org	Fund	Sub-acct	Trans Date	Trans Amt	DC	Comment	State Code
	1CL00		5749		\$ 50.00	C	Man chk fee	180
			5701		\$ 50.00	D	Man chk fee	380

Processed by:	Date:
Assistant Controller Approval	Date: