

**University of North Carolina Wilmington
CHECK/DIRECT DEPOSIT REQUEST**

PAYEE (60 characters) _____
 BANNER ID (9 characters) _____
 ADDRESS (30 characters) _____
 (30 characters) _____
 CITY (20 characters) _____ STATE _____
 COUNTRY (3 characters) _____ ZIP _____ - _____

Vendor is not on the Federal or State Debarred Lists? Yes ___
 Have you checked for a State Contract? Yes ___ No ___ If yes, and state contract not used attach justification.
 All goods and services have been received before submitting check request for payment. Yes ___ No ___
 For Personal Services – Is the out of state payee subject to 4% NC Withholding Tax? Yes ___ No ___
 Is this payment being made to or on behalf of a US citizen/vendor or legal permanent US resident? Yes ___ No ___

Purchases for similar items cannot be split into multiple purchases to achieve the dollar amount limits. All goods and services must be delivered to a UNCW address. All campus food (catering) and alcohol must be purchased through Aramark. Off campus food and alcohol must comply with the Business Entertainment and Travel policies.

Payment Distribution

If a check is being requested and the payee exists in the system as a direct deposit vendor, a valid reason must be entered below. A check will be issued for the payee only if a valid reason is specified or if the payee is not on direct deposit.

Select One:

- Mail to Payee
- Pick up check at Cashier's Office
Name _____ Ext. _____
- Return Check to Department for mailing to payee
Department Name _____ Box # _____

Check Only - Override Direct Deposit
 Explanation (required) _____

_____ Single Check required – Check needs to be printed by itself with no other invoices paid on the check.
 _____ Attachment – Documentation attached to be mailed with check. (attach an extra copy of documentation for mailing purposes.)

Purpose of Disbursement (Support Documentation must be attached)

FOAP Distribution

	6-Digit Banner Fund	5-Digit Org	6-Digit Account	3-Digit Program	AMOUNT
1					
2					
3					

Date Check Preferred: _____ **Total Check Amount** _____

Prepared by: _____ Ext. _____ Date: _____
 Budget Authority: _____ Ext. _____ Date: _____
 Grant Officer: _____ Ext. _____ Date: _____

FOR ACCOUNTS PAYABLE USE ONLY

VENDOR ID# _____ ENCL. CODE _____
 INVOICE DATE _____ 1099 CODE _____
 DUE DATE _____ SINGLE CHECK _____
 INVOICE # _____ MULTIPLE INVOICE _____
 DESCRIPTION _____ (short description of payment)

ACCOUNTING APPROVAL