

MISCELLANEOUS CHECK REQUEST

AS02

This form should be used to request payments for refunds or payments charged to revenue or liability accounts.
Third Party Documentation MUST be attached.

Request Date _____

***Fiscal Year End Accrual	
Yes	No

Department		
Contact		
Phone	Fax	E-mail

Supplier ID #
Document #
Doc Type MC

Payee		
Address		
City	State	Zip
U.S. Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, citizen of _____	
Green card holder/ resident alien	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, a copy of the card must be attached.	

Document Date

LSU Employee