

CHECK REQUEST FORM

Texas AgriLife Research (06)

Texas AgriLife Extension Service (07)

TVMDL (20)

Action Requested

Duplicate Check

Prepaid Check

Stop Payment, No Duplicate Check

Date of Payment Extended

Payee: _____

VID: _____

Amount: \$ _____

FAMIS Check Number: _____

New Check Number: _____

Check Date: _____

New Check Date: _____

FAMIS Voucher Number: _____

Date of Payment Extended to: _____

Payroll Check Number: _____

Justification: _____

Requested: _____
Date

Check Received by: _____

Fiscal Office Use Only

Approved: _____

Payroll Advances Only

Settlement Check Issued:
Check # _____ dated _____ in the amount of \$ _____.

Payroll Check sequence # _____.