



Student Check Request

This form is to be used for all student payments NOT related to travel reimbursement, financial aid, or employment/payroll.

Student's Name: _____ Student ID: 930 _____
Address: _____
Address: _____
City, State, Zip: _____

Fund _____ Account _____ Amount _____
Fund _____ Account _____ Amount _____
Fund _____ Account _____ Amount _____
Total _____

Indicate the purpose of this check request:
[] Supply Reimbursement [] Payment for Services [] Employment Service Award

Please contact the Office of Financial Aid if you are requesting a student scholarship, grant, prize, or award.
Please contact the Travel Office at 828.251.6243 for travel reimbursements.

Description for check: _____
The description above should be a short description (20 characters maximum) that will be listed in Banner and print on the check.

Full Description: _____
The full description should include additional information such as the purpose/use of the supplies, the type of service(s) the student provided, or the selection criteria of the employment service award.

Two approval signatures are required to process a student check request.

Requestor: Printed Name Signature Department & Date
Dept. Chair/Fund Manager Approval: Printed Name Signature Date
Fund Manager, Dean, Vice Chancellor Approval: Printed Name Signature Date

Instructions: Mail to Payee: _____
Return Check to: _____ CPO # _____

Special Instructions: _____

Accounts Payable: acctspayable@unca.edu or 828.251.6663

Office of Financial Aid: finaid@unca.edu or 828.251.6535

Accounts Payable Use Only

Student ID: 930 _____ Document Number: _____