

UNIVERSITY OF WISCONSIN - WHITEWATER
CASHIER'S OFFICE
STUDENT-FACULTY ACCOUNT CHECK REQUEST
AND
TRANSFER REQUEST

CHECK REQUEST

DATE _____

AMOUNT _____

ISSUE CHECK TO:

OUT OF FUNDS:

Account # _____

Account Name _____

PURPOSE OF PAYMENT

CHECK ONE:

PAYMENT IS FOR EXPENSES ONLY

PAYMENT IS FOR SERVICES

**PAYMENTS TO INDIVIDUALS FOR SERVICES
REQUIRE A W-9 TO BE ON FILE**

OFFICER SIGNATURE AUTHORIZATION (TWO SIGNATURES REQUIRED)

Printed Name

Signature

Printed Name

Signature

-OR-

ADVISOR SIGNATURE AUTHORIZATION

Printed Name

Signature

***Receipt is required if check is to be issued to officer or advisor signing this form.**

Return this completed form to the Cashier's Office, Hyer Hall Room 110
Check requests will be ready for pick up after 11:00 am on the next business day
Picture ID is required for check pick up

If any questions, contact the Cashiers Office at 262-472-1378 or cashiers@uww.edu