JOHNS HOPKINS UNIVERSITY
CHECK REQUISITION

1. NAME OF PAYEE

(Please Print)

2. COMPLETE ONE OF THE FOLLOWING:

a) SS# / FID#: _____

b) Country or Citzenship/Orgn: _____

3. PERMANENT MAILING ADDRESS:

Required for payment of personal services to individuals who are not employees, faculty members, or students of the Johns Hopkins University.

ZIPCODE

4. SEND CHECK TO (if different from Item 3):

Whenever possible, we ask the requesting department to use the permanent mailing address as the "send-to" address. We realize that a department may want to express its appreciation for service rendered. We suggest that a letter of "thanks" be given to the payee at the time of his services stating that a check will follow from ACCOUNTS PAYABLE.

5. BUDGET ACCOUNT NUMBER:

When charging multiple accounts, please show amount to be charged to each account number.

(Please include the object code to be charged)

AREA	ORGN	SUFFIX	AMOUNT
		Total Amount of Check	0.00

6. DESCRIPTION

Enter 30 Characters you want displayed in description Field:

Additional Information
(will not appear on the expenditure statement):

NOTE: A) The two signers of this form must be different from the payee. B) Full legible signatures are required.

7. PREPARED BY:

Name (Please Print) | Phone # | Signature | Date

8. REVIEWED AND APPROVED BY:

Payment must by reviewed and approved by an authorized signer (department head, principal investigator, or budget administrator) who has examined supporting documentation and certifies that the request is valid.

Authorized Signature | Date

Print Name

FORM B-32 (rev 9/01)