Reset Form

SPECIAL CHECK REQUEST

PRIVACY ACT STATEMENT

AUTHORITY, the information contained on this form is maintained under the systems of records notice T7225 (Integrated Accounts Payable System (IAPS)) 5 U.S.C. 301, Departmental Regulations; 31 U.S.C. Chapters 37 and 39, Department of Defense Financial Management Regulation (DoDFMR) 7000.14-R, Vol. 10; and E.O. 9397 (SSN), published May 4, 2007, 72 FR 25271. The information contained within is FOR OFFICIAL USE ONLY and may not be disclosed without the consent of the records subject, except under routine use. PURPOSE of this information is to generate payment vouchers for claims, awards, personal expenditures, or other entitlements. In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a ROUTINE USE pursuant to 5 U. S.C. 552a(b)(3). DISCLOSURE MANDATORY.

1. **Special request for checks must be received in the accounting office no later than 1200 noon on the work day prior to the date the check is required.**
2. Special check requests for "Pick up", will be available at **1500** on the day required. Checks should be picked up in the Accounts Receivable Office (Bldg 895)
3. Checks to be mailed, without additional documentation will be issued and mailed from the bank on the day the check is required.
4. Checks to be mailed requiring additional documentation, will be issued from the Accounting Office on the date required. Please submit additional documentation with the check request.
5. Checks that are not picked up after two weeks will be voided.

PLEASE REMEMBER TO PICK UP YOUR CHECK(S) AS SOON AS POSSIBLE

TO BE COMPLETED BY REQUESTOR

Requested by: _____ Date Requested: _____

Requestor's Phone # _____ Amount $: _____

Date Required: _____

Disposition: Mail ☐ Mail with Documentation ☐ Pickup by Requestor: ☐ Pick up by Payee: ☐

Reason/Notes/Special Information: _____ Pay to: _____

_____ _____

_____ _____

Supervisor Signature: _____

COST CENTER (XXXX-XX)	ACCOUNT NUMBER (XXXX)	DEBIT (+)	CREDIT (-) (enter as a negative number)
	TOTALS:		

GRAND TOTAL OF CHECK: $ _____

TO BE COMPLETED BY ACCOUNTING

ACCT DATE: _____

VOUCHER # _____

Verified/Approved by (Financial Manager/Accountant/Accountant Assistant): _____