PAYROLL CHECK REQUEST
ELON UNIVERSITY

ALL INFORMATION MUST BE COMPLETED FOR REQUEST TO BE PROCESSED
Check Request Will Be Processed through Payroll on the Next Check Date after Received

Check Payable To: ____________________________________________________________ I.D. # ________________

Department Person to Pick Up Check:_________________________________________

Department: ___________________________ Charge To: ___________________________

Acct. Title ______________ Acct. Number: ______________  Amount: ______________

( Hourly rate X # of Hours)

Acct. Title ______________ Acct. Number: ______________  Amount: ______________

( Hourly rate X # of Hours)

Total Amount: ___________________________

Contact Person: ___________________________ Extension: ___________________________

Supervisor Approval: ___________________________ Date: ___________________________

Employee’s Signature Required: ___________________________ Date: ___________________________

Reason for Request: ___________________________

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For Payroll Use Only