

Emergency Check Request Form

The Accounts Payable Department will issue a check outside the standard processing schedule for **emergency** situations only. Prior to requesting an emergency check, departments should **make sure that the request is an emergency and that it cannot wait to be processed until the next normally scheduled check run**.

Paying transactions outside our normally scheduled check runs is inefficient, costly, and increases our business risk. However, the need to occasionally make exceptions for emergencies is recognized. In order to reduce the number of manual checks and to minimize the risk of fraud, it is recommended that emergency requests be limited.

This completed form must be submitted to the Associate Vice President of Finance & Business Services for approval. Include with this form, the payment request form and all pertinent backup information to support this payment.

Date:	Person Requesting Check:	Department:
DI .	EW TAIL	
Phone:	E-Mail Address:	
Please provide a brief explanation as to why this request has become an emergency:		
Date and time when check is needed:		
Authorized Signature:		
D		
Department Head Signat	cure:	
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	For Accounting Use O	n v
Approved by:	Date Approved:	,