

Instructions for Completing the Check Request Form (CRF) & Account Distribution/Transmittal Form

Please note that parts of these forms are password protected. You will only be able to input data where you are allowed, according to the protected settings.

Check Request Form (CRF)

The CRF should be used to make a payment when you do not have an invoice. Complete the CRF on-line. The form is programmed to automatically generate and fill-in the Document Number.

SECTION 1 – USE CAPS IN THIS SECTION

1. **Vendor Code:** Enter the vendor code that is associated with Payee (if established on vendor file). If single payment, leave blank.
2. **Payee:** Fill in information for an individual OR company, not both.
3. **Address:** Fill in the payee address, city, state and zip.

SECTION 2

1. **Document Number:** Do not enter anything into this field. This number will be automatically created using parts of the payee information and the Document Date.
2. **Single Payment:** For purposes of this form, Single Payment is a one-time only payment. This is used when there are no other payments anticipated, throughout the University, for this Payee **and** the payment is under \$600.00. Check this box when paying a Human Subject or issuing a refund. "Single Payments" can be made without setting up an official vendor record on the financial system. As a result, it is very important to limit the use of the Single Payment option. Prior approval from Disbursement Services is required if the "Single Payment" option is desired for making any other types of payments. When paying Human Subjects, **do not** include the name or detail of the study on this form.
3. **Document Date:** Enter the appropriate date.
4. **Total Amount:** Enter the total amount being paid.

SECTION 3

1. **Chartfields:** Enter the appropriate account strings and amounts. Total will auto-calculate.
2. **Total from Account Distribution Attachment/Transmittal Form:** When applicable, enter dollar total from this Form.
3. **Business Justification:** Provide the 5 W's – who, what, where, when, and why – for the justification.
4. **Internal Comments:** Optional. Any other information you would like to include for internal use only.

SECTION 4

1. **Check Message:** Optional. There is a 70 character limit. Message will appear on check remittance.

SECTION 5 & 6

1. **Requester Name:** Enter the name of the University employee requesting the payment and their phone number.
2. **Signatures:** Optional for department's convenience if needed.

Account Distribution/Transmittal Form

This form facilitates communication from departments to their Cluster for voucher processing. This form is optional and may be used to provide information necessary to process payment documents (e.g. invoices, CRF, etc.). As an alternative, the account string and justification can be written on the face of the payment document, if there is adequate space. Complete this form when additional space is needed to provide account string information, business justification, and to capture any optional authorized signatures. Attach the form to the payment document (e.g., invoice, Check Request Form) and forward to Cluster for processing.