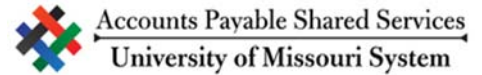


EXPRESS (EMERGENCY) CHECK REQUEST FORM



325 Jesse Hall Columbia, MO 65201
Ph (573) 882 -3051
Fax (573) 882-5435

Completion of this form is required for all accounts payable express/emergency check requests and shall be included as back up documentation when submitting the voucher to [Accounts Payable Shared Services](#). Prior to sending your voucher with the check request, please call to inform us this is being sent in (see number above) otherwise this may cause processing delays. Use of the express/emergency check process is subject to prior approval by Accounts Payable Shared Services.

A \$100 processing fee **MAY** be charged for each express check issued. Please provide a **MoCode** on the form below for this charge. For more information regarding this charge, please contact your Campus Accounting Office.

PLEASE NOTE: The express/emergency check process may not be available every day. In most circumstances, express/emergency check requests must be presented to Accounts Payable Shared Services by 1:00 p.m. for same day checks. When the check request is submitted after 1:00 p.m., the check should be available the following business day.

1. **REQUEST** – To be completed by requesting department.

Request date:	Date Check Needed:
Vendor Name:	
Vendor Number:	Voucher Number:
Payment Amount:	
Name of chartfield for processing fee:	
MoCode:	

Reason for payment to be issued as an express/emergency check rather than through customary payment process(es):

Department Contact:	Phone:
Department Approver (Printed Name):	
Department Approver Signature:	<div></div>

2. **CHECK** – to be completed by Accounting Services:

Accounting Department Approval:	
Date Processed:	Check Number:
Check Disbursement:	
Check disbursed by Cashier's, OR	
Check mailed to vendor, OR	
Check picked up in Accounting:	
Check received by:	