

## FORM CAN ONLY BE USED TO PAY NON-COMPETITIVE PURCHASES

See instructions on the **Forms** website

## **Check Order Request**

Banner Vendor ID:	0					7	ATTACHED
Vendor Name:	2					W9	ON FILE
Vendor Address:	3					8 Channe if any	WEBINAR
City, State, Zip:	4					Choose if any apply:	HONORARIUM
CCRI Contact Name:	5					Vendor Invoice #:	9
CCRI Contact Number:	6					Vendor Invoice Date:	10
QUANTITY		DESC	RIPTION OF IT	TEMS		PRICE PER	TOTAL PRICE
	12					13	14
						TOTAL:	
						_	
	BANNER DISTRIBUTION:					4	
FUND	ORG	ACCT	PROG	LOCN	AMOUNT	Accounts Payable Use Only:	
						Voucher ID #:	
							<u> </u>
				TOTAL:		Voucher Date:	
				IOIAL:			
[6]							
	Requestor Name			Requesto	or Signature	Date Signed	
<b>6</b>							
	Supervisor/Depa	ertment Chair Name		Supervisor/Depa	artment Chair Signature	Date Signed	

Please send the completed form and all applicable documentation to <a href="mailto:accounts.payable@ccri.edu">accounts.payable@ccri.edu</a>.



## **Check Request Order Form Instructions**

Check Request Orders are payment forms used by individuals and groups utilizing department funds to pay for purchased goods or services. All purchases need to be processed in accordance with the policies and procedures as set forth by CCRI Purchasing and Accounts Payable Offices.

If you have additional questions, please contact Accounts Payable at accounts.payable@ccri.edu.

## Check Request Order Forms must include:

- I. Banner vendor ID
  - If the vendor is not on the Banner system, the department must obtain a completed W-9 form from the vendor to submit with this form or if a business/company, vendor must complete the Vendor Registration.
- 2. Vendor name
- 3. Vendor address
- 4. City, state, and zip of vendor address
- 5. CCRI contact name
- 6. CCRI contact phone number
- 7. W9
  - Every vendor must have a W9 on file. If this is a new vendor, please attach the W9 form to this form.
- 8. Choose if any apply. If none, leave blank:
  - O Honorarium: All honorarium payments made to CCRI faculty or staff need to go through Human Resources and an internal Banner workflow will be set up *prior* to confirming the services of the person(s). Staff members that are currently on the part-time payroll, 19 hours per week, are not eligible to receive honorariums.
  - Webinar: Please submit any documentation regarding the webinar including description of event, registration, and pricing.
- 9. Vendor invoice #
- 10. Vendor invoice date
- 11. Quantity
- 12. Description of items
- 13. Price per unit
- 14. Total price per item (will formulate as you enter items). Total amount should agree to invoice total (will formulate as you enter items).
- 15. Complete Banner FOAPAL string and amount to be charged to each individual FOAPAL string. Total must agree to invoice total.
- 16. Verify information is correct and sign. Send to your supervisor/department chair for approval.
- 17. Verify information is correct and sign for approval.

Attach original invoice to the Check Request form along with quotes and memo, if applicable, and send to Accounts Payable for processing.

3/21/22