TEXAS CHRISTIAN UNIVERSITY
DEPARTMENTAL CHECK REQUISITION

To be completed by department

Supplier _____

_____

_____

_____

Supplier Tax ID#: _____

Date: _____

Use of this form is limited to 1) payment requests to students, and/or 2) requests coded to non 6XXX Accounts. All requests to pay outside suppliers charging 6XXX Accounts are to be submitted in Jaggaer. Submit completed form to apinvoices@tcu.edu.

Dept. Name	Bldg. & Room #	TCU Box	Contact Person	Extension

Quantity	Description of Purchase	Cost	Total

	Account	Fund	Dept	Project
Authorized Codes				

Total Cost: $0.00

Approver (Printed Name)	Date

Approver (Printed Name)	Date

Approver Signature

Approver Signature

Rev 7/19/23 CR