

TEXAS CHRISTIAN UNIVERSITY DEPARTMENTAL CHECK REQUISITION

To be completed by department

Supplier Name Supplier Address				 	
Supplier Tax ID#					
Is this an International supplier?	Yes	No			

Use of this form is limited to 1) when an invoice is not provided, 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 with backup to apinvoices@tcu.edu.

Quantity	Description of purchase/services, including date	Cost	Total
		 	
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Authorized Codes		_					
	Account	Fund	Dept	Project	Total Cost:		
Dept. Name	t. Name Bldg. & Room #		TCU Box	Contact Pe	rson Extension		
Approver (Printed Name)		Date		Approver (Print	ed Name) Date		
Approver Signature				Approver Signa	ature		