



TEXAS CHRISTIAN UNIVERSITY
VENDOR CHECK DISBURSEMENT AUTHORIZATION FORM

Vendor Name: _____

Check Amount: _____ Requested Check Pick-Up Date: _____

Extension #: _____ Department Name: _____

Reason for vendor or TCU employee needing to pick up check from Cashiers:

If check will be released directly to the specified vendor, I hereby certify that the goods/services related to this payment have been received/completed. If check will be released to a TCU employee for delivery to the vendor, I hereby certify that the specified employee will not release the check to the specified vendor until after all goods/services related to this payment have been fully received/completed.

TCU Budget Manager/Unit Head Name _____ Date _____

TCU Budget Manager/Unit Head Signature _____ TCU Extension _____

Authorization for Vendor to Pick Up Check:

Vendor Representative Name: _____

Signature of vendor representative receiving the check _____ Date _____

Authorization for TCU Employee to Pick Up and Deliver Vendor Check:

TCU Employee Name: _____

As the responsible TCU employee, I certify that I will not release the check to the specified vendor until after all goods/services related to this payment have been fully received/completed.

Signature of TCU employee receiving the check _____ Date _____

Cashier's Section Only

Check Details: Amount: \$ _____ Check #: _____ Check Date: _____