
Radford University

Check Request

Department Name _____ Date _____

Payee Name _____ PEID _____

Department Code _____ Object Code _____

Amount _____

Reason for request

Deposit Receipts Attached? Yes No (please circle)

Delivery Information:

 Mail
Enter Mailing Address:

 Pick-up at Cashier Date Required _____

 Other _____

Your Name: _____

Phone Number _____ E-mail Address _____
