



LOUISIANA STATE UNIVERSITY

Louisiana State University  
Office of Accounting Services  
Accounts Payable & Travel  
217 Thomas Boyd Hall

**MISCELLANEOUS CHECK REQUEST**

**AS02**

This form should be used to request payments for refunds or payments charged to revenue or liability accounts.  
Third Party Documentation **MUST** be attached.

Request Date \_\_\_\_\_

***Fiscal Year End Accrual	
Yes	No

Department		
Contact		
Phone	Fax	E-mail

Supplier ID #
Document #
Doc Type                      MC

Payee		
Address		
City	State	Zip
U.S. Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, citizen of _____
Green card holder/ resident alien	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, a copy of the card must be attached.

Document Date
LSU Employee <input type="checkbox"/> Yes <input type="checkbox"/> No
Separate Check <input type="checkbox"/> Yes <input type="checkbox"/> No
Due Date

Remit Message <i>(limited to 60 characters)</i>

Sales Tax
Freight
Additional Cost
Document Total

Spend Category			
Program			
Project			
Gift			
Grant			
Cost Center			
Fund			
Function			
Additional Worktags			
Amount			

Purpose of Payment \_\_\_\_\_