NELSON UNIVERSITY

CHECK REQUEST

ACCOUNTING OFFICE

DATE: ***SUBMITTED BY:***

Payable to:

Address:

Payment Method: Choose

Purpose:

Special Instructions

DESCRIPTION	ACCOUNT	SUB ACC.	TOTAL

TOTAL $ 0.00

NEW PROCESS!

*Send to **Payablesprocessing@nelson.edu** with ONLY this form and the Invoice attached. Please send any additional information you may have to Accountspayable@nelson.edu. All approvals will now be retrieved through our new Accounting software, Acumatica.*