

**LOUISIANA STATE UNIVERSITY AT ALEXANDRIA
OFFICE OF ACCOUNTING SERVICES**

AGENCY CHECK REQUEST

Date of Request

Agency Name

Contact Information:

Contact Name

Contact Phone Number

Email Address

Payment Information:

Payee

Amount of Payment

Address (*Street, Apt. No. or PO Box*)

Address (*City, State, Zip*)

Purpose of Payment

AG
Agency Number

SC0122
Spend Category

Approval Information:

Agency Authorized Signature

Printed Name

Date

Director of Accounting Services

Date

*****DOCUMENTATION FOR PAYMENT MUST BE ATTACHED*****