

**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

\_\_\_\_\_  
Vice Chancellor for Finance and Administrative Services

\_\_\_\_\_  
Date

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