Special Handling Request Form

Check one (Same Day and Next Day not available for Gateway invoices)

(   ) Same Day Check / Direct Deposit  
    received by 10:00am (SD)  
    $10.00

(   ) Next Day Check / Direct Deposit  
    received by 1:00 pm (NX)  
    $ 7.00

(   ) Request to Pick up Check  
    $5.00 plus applicable charge above (CP)  
    $ 5.00

Payee as it appears on Payment Request or Invoice

Submit with approved, original invoice or Payment Request. This form is not a substitute for regular documentation.

Department Funding Information: Charges will post to the account indicated on the Payment Request or invoice unless otherwise indicated below. NOTE: These fees may not be charged to Contract and Grants funds.

Loc  Account  Fund  S  Obj Code  Cost Centr  Cost Type  Project  AMOUNT

Approve by

I agree that circumstances justify incurring the above bank fees and possible additional return/reissues charges (two different authorizing signatures are required: this one, as well as the one on invoice or Form-5).

Authorized approver other than invoice/payment approver

Department Contact

Prepared by

Submit this signed original to Accounting. No additional copies required by Accounting.

NOTE: In the transaction summaries of the Data Warehouse EZ Access—Accounts Payable queries, the Special Handling Fee will show as the amount paid to the vendor. Open “Detail” to see all the distribution lines of the transaction.