



LOUISIANA STATE UNIVERSITY

Louisiana State University
Office of Accounting Services
Financial Accounting & Reporting
204 Thomas Boyd Hall

REQUEST FOR COPY OF AN LSU CHECK

AS500

Request Date _____

Please obtain a copy of:

Check #		Check Date		Check Amount	
Payee					
LSU ID or SPL #					
Department		Contact		Email	

A copy of this check should be sent via:

___ E-mail to: _____

___ Fax to: _____

___ Campus Mail to Department Above

___ Campus Mail to Other Department _____

___ US Mail to: _____

___ Other _____

FOR ACCOUNTING SERVICES USE ONLY

___ Check # _____ has not cleared the LSU bank account as of _____.
A stop payment may need to be placed on the check and a replacement check requested.

Processed by	_____
Date	_____

Rev 09/22