



## Eastern Oregon University Late Check Request Form

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From: _____	Date: _____
Department: _____	Extension #: _____

Vendor: _____	Amount: _____
Charge the \$100 late fee to index: (must be charged to the requesting department's Dean or VP index) _____	

Delivery Method: (please select one)	_____ Mail
	_____ Hold for pick-up
	_____ Take to Cashier's Office

Initiator's Signature: _____	DATE: _____
President/Vice President: _____	DATE: _____

For AP Office Use Only		
Document #: _____	Date: _____	AP Approval: _____
Late Fee JV#: _____		

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