

**EASTERN ILLINOIS UNIVERSITY  
RHA CHECK REQUEST**

**TO BE COMPLETED BY THE INDIVIDUAL REQUESTING FUNDS:**

Person Requesting: \_\_\_\_\_ Request Date: \_\_\_\_\_

Pay to the Order Of: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

Amount of Check: \_\_\_\_\_

**TO BE COMPLETED BY THE VP OF FINANCE/ADVISOR:**

Check Number: \_\_\_\_\_ Date Approved (In Minutes): \_\_\_\_\_

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