

Guidelines for Completing the General Working Fund Request Form

1. Payee name (Last name, First name) or Company to be printed on check
2. A short description (under 30 characters) - this will print on check
3. The full typed chartstring (all 7 sections/boxes)
4. The amount - supporting paperwork must reflect the total requested
5. Department name
6. Requester person - must be able to assist if issue occurs
7. Date request is submitted to Working Fund
8. Email address of requester
9. Phone number to reach requester

Note: If the requester is unable to pick up check(s) when ready, an email must be sent to Working Fund with the name of the party that will pick up check. The pick-up person must bring a copy of the email to Working Fund when picking up the check(s).

10. Department Head signature (SEE Signatory Authority Forms in your dept. for a list of approved signers).
11. Print the name of the Dept. Head who signed above
12. The title of the Dept. Head
13. Date all forms that require a signature

*** Copies or electronic signatures are not allowed.

FS USE ONLY	
Check#:	_____
Check date:	_____
VZ#:	_____
Request Approval:	_____
Check Approval:	_____

Financial Services

General Working Fund Request Form

Payee Name: (Last, First MI)	1
Memo/Description: (Maximum 30 characters - will be printed on check)	2

3	Account	Project ID	Fund	PCBU.	owner Department	TransactJon Dept	Program	Amount
								4

Requesting Department Name:	5		
Requestor /Contact Person:	6	Date:	7
E-mail:	8	Phone:	9

10
Department Head or Deslgnee Signature (Signature must be on file in Financial Services)
11
Department Head or Desfgnee Name (Please print/type)
Title: 12
Date: 13

No one can approve a check made payable to themselves. Refer to Administration & Finance policy #3352 for the Working Fund,

If you have questions call 410-706-6746 or 410-706-1485

Return original form and supporting documentation to:

General Working Fund
 Financial Services
 The Saratoga Building- Room 02-125
 220 Arch Street
 Baltimore, MD 21201