



Emergency Check Pickup Request

PR _____
or
PO _____

Please use this form to request an emergency check to be picked up at 1033 Massachusetts Avenue, 2nd Floor. Check pickup is only for emergency situations, for other delivery options please go to <http://oc.finance.harvard.edu/ap-forms>. Place this form on top of all included documents.

REQUEST DATE: _____

AMOUNT OF PAYMENT: _____

PREPARED BY: _____ (FIRST AND LAST NAME)

PHONE #: _____ TUB #: _____

REASON FOR PICKUP:

GUIDELINES FOR COMPLETING THIS FORM

1. Place this form on top of all included documents.
2. This form should not be used for non-Emergency situations in which a department needs to physically distribute a check. For other delivery method options please go to <http://oc.finance.harvard.edu/ap-forms>.
3. Create a PR/PO in HCOM for the Vendor, and enter the PR/PO number in the upper right corner of this form.
4. All fields on the form are mandatory. Forms with incomplete fields will be returned to the preparer.
5. Send this completed form and additional documentation to Accounts Payable, 1033 Massachusetts Avenue 2nd Floor, Cambridge, MA, 02138.
6. Emergency Check Pickup Request forms are processed under immediate payment terms. For more information on payment terms and related timeframes please see <http://oc.finance.harvard.edu/university-standard-payment-terms-and-change-requests>.
7. Do NOT edit this form. This form must be submitted in its original format.
8. Detailed instructions for this form can be found at <http://oc.finance.harvard.edu/emergency-check-pickup-form>.