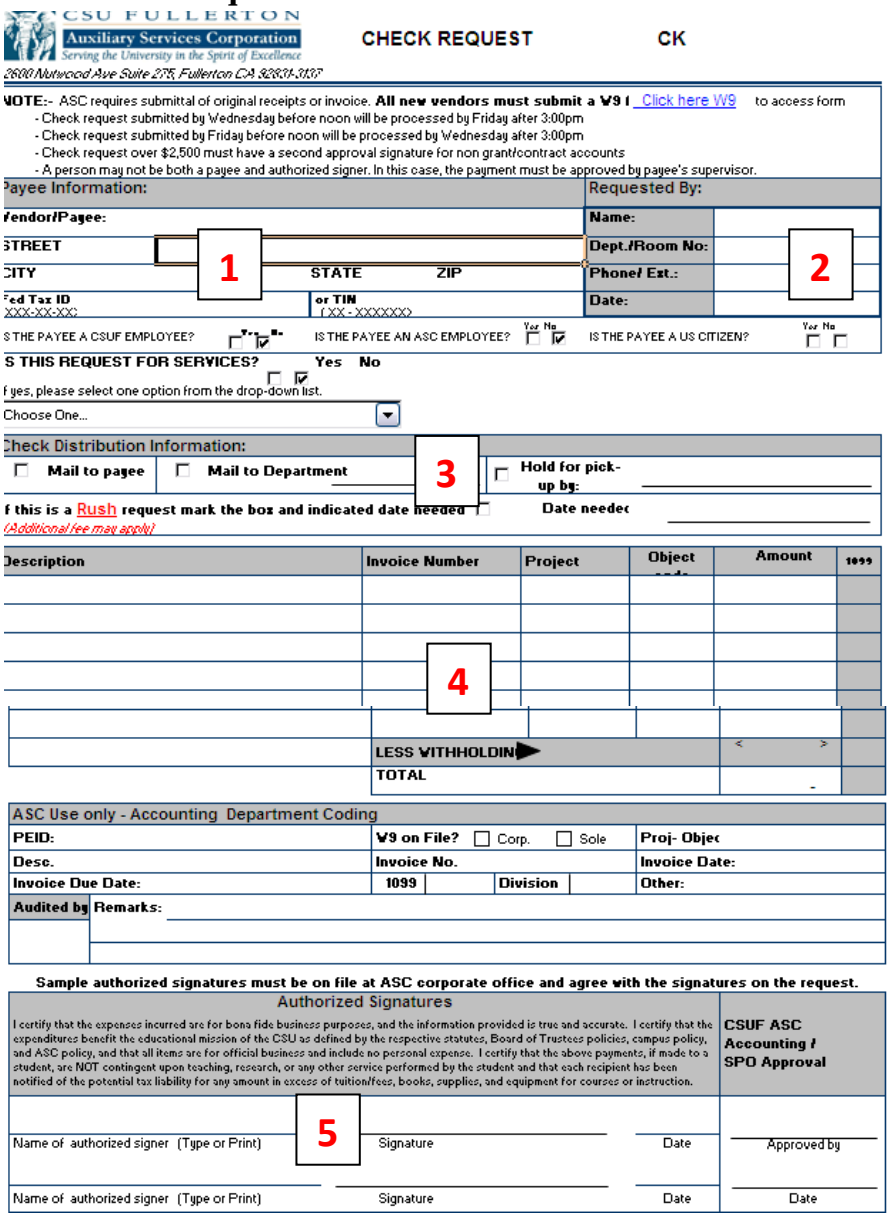
Check Request



CSU FULLERTON
Auxiliary Services Corporation
Serving the University in the Spirit of Excellence

CHECK REQUEST CK

2600 Nutwood Ave Suite 275, Fullerton CA 92831-3167

NOTE:- ASC requires submittal of original receipts or invoice. **All new vendors must submit a W9 f** Click here W9 to access form
- Check request submitted by Wednesday before noon will be processed by Friday after 3:00pm
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- Check request over $2,500 must have a second approval signature for non grant/contract accounts
- A person may not be both a payee and authorized signer. In this case, the payment must be approved by payee's supervisor.

Payee Information: | Requested By:

Vendor/Payee: | Name:
STREET | Dept./Room No:
CITY STATE ZIP | Phone/ Ext.:
Fed Tax ID XXX-XX-XXX or TIN (XX - XXXXXXX) | Date:

1 2

IS THE PAYEE A CSUF EMPLOYEE? Yes No | IS THE PAYEE AN ASC EMPLOYEE? Yes No | IS THE PAYEE A US CITIZEN? Yes No

S THIS REQUEST FOR SERVICES? Yes No

f yes, please select one option from the drop-down list.

Choose One...

Check Distribution Information:

Mail to payee | Mail to Department | Hold for pick-up by:

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f this is a Rush request mark the box and indicated date needed | Date needed

(Additional fee may apply)

Description	Invoice Number	Project	Object	Amount	1099
	LESS WITHHOLDIN			< >	
	TOTAL			-	

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ASC Use only - Accounting Department Coding

PEID:	W9 on File? Corp. Sole		Proj- Objec
Desc.	Invoice No.		Invoice Date:
Invoice Due Date:	1099	Division	Other:
Audited by	Remarks:		

Sample authorized signatures must be on file at ASC corporate office and agree with the signatures on the request.

Authorized Signatures

I certify that the expenses incurred are for bona fide business purposes, and the information provided is true and accurate. I certify that the expenditures benefit the educational mission of the CSU as defined by the respective statutes, Board of Trustees policies, campus policy, and ASC policy, and that all items are for official business and include no personal expense. I certify that the above payments, if made to a student, are NOT contingent upon teaching, research, or any other service performed by the student and that each recipient has been notified of the potential tax liability for any amount in excess of tuition/fees, books, supplies, and equipment for courses or instruction.

CSUF ASC Accounting / SPO Approval

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Name of authorized signer (Type or Print) | Signature | Date | Approved by

Name of authorized signer (Type or Print) | Signature | Date | Date

Check Request Form

1. Complete information regarding name and address for individual requesting reimbursement or payment for goods or services received
2. Complete information for who is completing this check request
3. Indicate whether the check if approved should be sent to the payee, department, or on RARE occasions with reasonable justification be held for pickup
4. Describe the reason for requesting payment and indicate project # and object code for which this payment if approved should be charged
5. Obtain appropriate signatures
    a. Chair or Dean can sign for PI's reimbursements