CHECK REQUEST

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AUXIIIARV	SERVICES	CORPOR	RATION

MONIEMENT SERVICES CORT ORITHON							
NOTE:- ASC requires submittal of original receipts of a ASC revised CHECK PROCESSING to onwill be processed Thursday of that week processed Thursday of that week processed Thursday of that week processed Thursday of the ASC request over \$2,500 must have a second to the ASC request over \$2,500 must have a second to the ASC request over \$2,500 must have a second to the ASC requires submittal of original receipts of the ASC requires submittal of original receipts of the ASC requires submittal of original receipts of the ASC revised CHECK PROCESSING to one will be a second to the ASC revised CHECK PROCESSING to one will be processed Thursday of the ASC revised CHECK PROCESSING to one will be processed Thursday of the ASC revised CHECK PROCESSING to one will be processed Thursday of the ASC revised CHECK PROCESSING to one will be processed Thursday of the ASC revised CHECK PROCESSING to one will be processed Thursday of the ASC revised CHECK PROCESSING to one will be processed Thursday of the ASC revised CHECK PROCESSING to one will be processed Thursday of the ASC revised to the ASC	ce weekly every Thursday. roviding check request is co	Check request re emplete and Vend	eceived by dor/Payee is	Monday 5:00 F s approved.	o access the W9 for PM of the same wee	orm. k	
- A person may not be both a payee and aut			ist be appro	oved by payee's	s supervisor.		
Payee Information:		Requested By:					
Vendor/Payee:							
STREET			Dept./I	Room No:			
CITY	Y STATE ZIP						
Fed Tax ID (XXX-XX-XXXX)	Email address	nail address D					
IS THE PAYEE A CSUF EMPLOYEE? Yes No	IS THE PAYEE AN ASC EMPL	HE PAYEE AN ASC EMPLOYEE?			THE PAYEE A US CITIZEN?		
IS THIS REQUEST FOR SERVICES? Yes No	<u> </u>						
If this is a Rush request mark the box and indicate (Additional fee may apply)	d date needed	Date	e needed:				
Description	Invoice Number	Proje	ect	Object code	Amount	1099	
	LESS WITHHO	LDING			< >		
				TOTAL	_		
				101712	-		
ASC Use only - Accounting Department C	Coding						
PEID:	W9 on File?	Corp.	Sole	Proj- Object			
Desc.	Invoice No.	СС. р.	30.0	Invoice Date:			
Invoice Due Date:	1099	Division		Other:			
Audited by: Remarks:				Cuit			
Additional Systems of the Systems of							
Sample authorized signatures mus	et be on file at ASC corporat	te office and agre	e with the	signatures on t	he request.		
·	horized Signatures						
I certify that the expenses incurred are for bona fide business prexpenditures benefit the educational mission of the CSU as defipolicy, and that all items are for official business and include no contingent upon teaching, research, or any other service perform liability for any amount in excess of tuition/fees, books, supplies	urposes, and the information prov fined by the respective statutes, Br personal expense. I certify that the med by the student and that each	oard of Trustees polic he above payments, n recipient has been r	cies, campus if made to a s	policy, and ASC student, are NOT	CSUF ASC Approva	al	
				<u> </u>			
Name of authorized signer (Type or Print)	Signature			Date	Approved by	У	
Name of authorized signer (Type or Print)	Signature			Date	Date		