CSU FULLERTON
AUXILIARY SERVICES CORPORATION

Payee:_____

CHECK REQUEST CHECKLIST

- ☐ Name in Vendor/ payee section is complete and matches the invoice, if applicable
- ☐ Mailing address is complete
- ☐ Email address is provided
- ☐ Answer all inquiries pertaining to employment, citizenship status, and student enrollment at CSUF are answered truthfully and to the best of the respondent's knowledge.
- ☐ Contact information is completed
- ☐ Description indicates purpose of payment
- ☐ Invoice number should match the invoice being paid. (leave blank for honorariums and reimbursements)
- ☐ Project number is listed and currently accepting transactions at time of submission.
- ☐ Object code is listed and part of the project
- ☐ Authorized signer and date is completed (Please keep in mind a PI may not approve their own reimbursements)
- ☐ If a reimbursement, itemized receipts are complete, legible, and reference a method of payment
- ☐ IT Authorization is provided, if applicable IT Purchasing - IT Purchasing | CSUF
- ☐ Completed sole source/ bid Form is attached for purchases over $5000 2-Competitive-Bid-Form.pdf
- ☐ Approved Hospitality Justification form is provided for applicable expenses hospitality-justification-form.pdf

Completed by:_____

CSU FULLERTON
AUXILIARY SERVICES CORPORATION

CHECK REQUEST CK

NOTE:- ASC requires submittal of itemized receipts or invoice. **All new vendors must submit a W9 form.** Click here to access the W9 orm.
- CHECK PROCESSING is once a week, every Thursday. Check requests received before 5:00pm Monday will be processed Thursday of that week providing check request is complete and Vendor/Payee is approved.
- 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			**Email**	
CITY	**STATE**	**ZIP**	**Phone/ Ext.:**	
CWID (OPTIONAL)	**Email address**		**Date:**	

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

IS THIS REQUEST FOR SERVICES? Yes ○ No ○ **IS THE PAYEE A CURRENTLY ENROLLED STUDENT AT CSUF?** Yes ○ No ○

If this is a Rush request mark the box and indicated date needed ☐ **Date needed:** _____

(Additional fee may apply)

Description	**Invoice Number**	**Project**	**Object code**	**Amount**	**1099**
	LESS WITHHOLDING ▶			< >	
			TOTAL	$ 0.00	

ASC Use only - Accounting Department Coding				
PEID:	**W9 on File?** ○ Corp. ○ Sole			**Proj- Object**
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			**CSUF ASC Approval**
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.			
Name of authorized signer (Type or Print)	Signature	Date	Approved by
Name of authorized signer (Type or Print)	Signature	Date	Date