

CHECK REQUEST



Specify Auxiliary Organization Above

Date:	Requesting Department:
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Dept. Contact Name	Phone or Ext
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PAYEE INFORMATION

STUDENT

Not an employee of CSUMB, University Corporation or OSU

EMPLOYEE

CSUMB, University Corporation or OSU

OTHER

Supplier, service provider or other (please specify) _____

Payee Name		Alternate Mailing address or Pickup at Ryan Ranch?
Address Line 1		
Address Line 2		
City, State, Zip		

Please note that checks cannot be mailed to on campus addresses

Type of payment: (non-travel reimbursement, supplier payment, registration payment, etc;)

State the purpose of these expenditures and how they benefit the Auxiliary Organization:
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Description of expenditure: (supplier name, invoice number, date)	Amount
*** Attach invoices/receipts/packing slips/other documentation as required ***	Total:

Account	Fund	Dept ID	Class	Pgm	Project	Amount

The Authorized signer must be a person authorized to sign for the fund/project. This authorizing signature certifies that these expenses are for the sole benefit of the auxiliary identified above and must comply with any and all restrictions on the intended use of these funds. If the Authorized signer is being reimbursed, the next higher authority must sign as the Authorized signer.

Please print name, sign and date below. Submit completed form to UCorp Accounts Payable: UCorp_Accounts_Payable@csumb.edu or route to UCorp AP at Ryan Ranch.

Claimant (if reimbursement)	Preparer or Requester	Authorized Signer
print	print	print
sign	sign	sign
date	date	date

University Corporation Use Only		Vendor
Allowable		Group
Available		Voucher