

# Check Request

(NON-PAYROLL)  
U5-1 (R 7/00) E0210

Form Must Be Typed

INVOICE NUMBER	EMPLOYEE ID NUMBER	BFS VENDOR NUMBER
DATE PREPARED		STUDENT ID NUMBER
SOCIAL SECURITY OR FEDERAL ID NUMBER (REQUIRED)		

MAKE CHECK PAYABLE TO (NON CAMPUS ADDRESS)

NAME  
STREET  
CITY  
STATE  
ZIP (25-42)  
COUNTRY

IS PAYEE A U.C. EMPLOYEE	NO <input type="checkbox"/>	YES <input type="checkbox"/>	CLICK HERE IF EMPLOYEE WITHOUT SALARY	<input type="checkbox"/>	VISA TYPE
RESIDENT OF CALIFORNIA	NO <input type="checkbox"/>	YES <input type="checkbox"/>	IF ALIEN, COUNTRY OF RESIDENCE		

ATTACH STATEMENT OF CITIZENSHIP STATUS

ATTENTION: CHECKS REQUIRING ATTACHMENTS... DOCUMENTS TO BE SENT WITH CHECK MUST BE ATTACHED TO PAYEE'S COPY OF CHECK REQUEST.

- SUBSCRIPTION  
 PREREGISTRATION FORM  
 OTHER

DESCRIPTION OF PAYMENT TO BE PRINTED ON CHECK STUB (REQUIRED): <div style="border: 1px solid black; width: 300px; height: 20px; margin: 10px auto;"></div> <p style="text-align: center;">(Limited to 17 Characters) (FOR VENDOR REFERENCE ONLY)</p> <p><b>PAYMENT EXPLANATION:</b></p>	<b>AMOUNT</b>
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NAME OF BUDGET TO BE CHARGED <small>(Write Chartstring Below)</small>			PREPARED BY		EXTENSION	APPROVED BY		DATE	
SPEEDTYPE	BU	BFS ACCOUNT	FUND	ORG	PROG	PROJECT	FLEX	TAX CODE	NET CHARGE

RETN: ACCOUNTING: 5 YEARS SUBJECT TO CONTRACT AND GRANT REQUIREMENTS  
OTHER COPIES: 0-5 YEARS

ACCOUNTING OFFICE