

Check Request

(NON-PAYROLL)

U5-1 (R 7/00) E0210

Form Must Be Typed

MAKE CHECK PAYABLE TO (NON CAMPUS ADDRESS)

NAME
STREET
CITY
STATE
ZIP (25-42)
COUNTRY

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

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>PAYMENT EXPLANATION:</p>	AMOUNT
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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