



THE UNIVERSITY CORPORATION, SF STATE
1600 HOLLOWAY, SAN FRANCISCO, CA 94132

CHECK REQUEST FORM

D.C. No.

Date:

<p>FUND NO: PROGRAM CONTACT: CONTACT PHONE NO:</p> <p>If payable to SFSU, please indicate University account or Invoice #</p> <p>Check Distribution/Special Handling:</p> <p>Mail to payee's address Hold/Call for Pickup Phone: Other:</p>	<p align="center">MAKE CHECK PAYABLE TO:</p> <p>CLAIMANT/COMPANY: ADDRESS: CITY STATE ZIP CODE:</p> <p>Legal resident of the United States or Legally Incorporated? Yes No -- see below</p> <p>Immigration Status: F-1 J-1 Other Passport No</p> <p>This payment is subject to 38% withholding: PLEASE COMPLETE THE 1042 S FORM All others COMPLETE W-9 FORM</p>
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THIS FORM IS NOT TO BE USED FOR PAYMENT OF TRAVEL COSTS AND MAY ONLY BE USED FOR THE FOLLOWING:

PREPAYMENT	DIRECT PAYMENT	REIMBURSEMENT
ADVANCE	SETTLEMENT	DC NO.

DESCRIPTION FOR GOODS AND SERVICES PROVIDED				DETAIL	AMOUNT
ACCOUNT	FUND	DEPT ID	PROJECT		
				TOTAL AMOUNT	

I CERTIFY THESE EXPENSES ARE VALID, THAT THEY ARE RELATED TO THE OBJECTIVES OF THE PROJECT, AND THAT THE ATTACHED RECEIPTS ARE ORIGINAL.

Print Name: _____ Print Name: _____

AUTHORIZED SIGNATURE _____ DATE _____ CLAIMANT'S SIGNATURE _____ DATE _____

ACCOUNTING USE ONLY

Vendor: _____ Acct: _____ Inv Nbr: _____
 Inv Date: _____ Inv Amt: _____ Rept Amt: _____
 Dup Inv: _____ Spec Msg: _____

Above \$5,000.00 _____ Above \$20,000.00 _____
 Director of A & F or Executive Director _____ Executive Director _____

Date Received By UCorp:	Approved For Allowability:	Date Received by A/P Dept:	E/P Processing
	By: _____		By: _____
	Date: _____		Date: _____