



**THE UNIVERSITY CORPORATION, SF STATE
1600 HOLLOWAY, SAN FRANCISCO, CA 94132
STUDENT ORG CHECK REQUEST FORM**

D.C. No. _____
Date: _____

ORG FUND NO: _____
STUDENT ORG CONTACT: _____
CONTACT PHONE NO: _____

If payable to SFSU, please indicate University account
or Invoice # _____

Check Distribution/Special Handling:

Mail to payee's address
 Hold/Call for Pickup
Phone: _____
 Other: _____

MAKE CHECK PAYABLE TO:

CLAIMANT/COMPANY: _____
ADDRESS: _____
CITY _____ STATE _____ ZIP CODE: _____

Legal resident of the United States or Legally Incorporated?
 Yes No -- see below

Immigration Status:
 J-1 Other Passport No _____

This payment is subject to 38% withholding: PLEASE COMPLETE THE 1042 S FORM
All others COMPLETE W-9 FORM

DIRECT PAYMENT REIMBURSEMENT TO STUDENT ORG MEMBER

DESCRIPTION FOR GOODS AND SERVICES PROVIDED			DETAIL	AMOUNT
ACCOUNT	FUND	DEPT ID		
660003		9100		
660003		9100		
660003		9100		
			TOTAL AMOUNT	

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

Print Name: _____ Print Name: _____

AUTHORIZED SIGNATURE _____ DATE _____ CLAIMANT'S SIGNATURE _____ DATE _____
(Student Org President or Treasurer)

Above \$2,500.00

Director of Student Activities and Events

ACCOUNTING USE ONLY

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

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

- Plan ahead, give at least **7 business days** for processing request
- Verify that your student org currently has enough funds available to cover payment
- Submit Check Request Form to **ADM 155, Bursar Window E or G**

For REIMBURSEMENTS to student org members:

- Student org member who will be receiving the check signs as claimant
- The President or Treasurer has approved and signed the form (*must be different than claimant*)
- If amount is over \$2,500, additional signature is obtained by Director of Student Activities and Events (located at SSB 206)
- Description of business purpose/goods and services provided with amount
- ORIGINAL RECEIPTS included as supporting documentation for reimbursement is provided
- W-9 is completed for the members being reimbursed for the first time

For DIRECT PAYMENTS to vendors:

- The claimant has filled out and signed the form (*the org member requesting a check be cut*)
- The President or Treasurer has approved and signed the form (*must be different than claimant*)
- If amount is over \$2,500, additional signature is obtained by Director of Student Activities and Events (located at SSB 206)
- Description of business purpose/description of event provided with amount
- Invoices attached as supporting documentation for payment is provided
- W-9 is completed for all new vendors