



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

D.C. No. _____
 Date: 9/25/2017

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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