



**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:

INDIVIDUAL/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 _____
(Student Org President or Treasurer)

REQUESTOR'S SIGNATURE _____ DATE _____

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: _____
-------------------------------	--	----------------------------------	--



The University Corporation
San Francisco State
Room ADM 361
1600 Holloway Ave
San Francisco, CA 94132

Electronic Receipt Certification

“I certify that this electronic receipt is the original receipt issued to me by the vendor. I further certify that I have not submitted, nor will submit in the future, a duplicate of this receipt for payment or reimbursement.”

Claimant's Signature

Authorized Signature

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 showing proof of payment included as supporting documentation for reimbursement is provided
 - The Electronic Receipt Certification must also be included if ORIGINAL RECEIPTS are not submitted (i.e. online order e-receipts, photocopies of receipts, lost receipts)
 - If receipt does not show proof of payment, a copy of credit card or bank statement should be submitted showing student org member *name, date, and payment transaction*. (*All other irrelevant information to the reimbursement requested should be redacted*)
- 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