

Name of authorized signer (Type or Print)

CHECK REQUEST

CK

Date

Date

- Pleas	requires submittal of original recse allow 5-10 business days for son may not be both a payee a	check request to be	processed for payment.	•			upervisor.		
·	, , , ,	·		·	• • •	Click Here fo	or Payee Data Reco	ord Form	
Payee Information:					Requested By:				
Vendor/Payee:					Requester Name:				
STREET				Dept./Room No:					
CITY		ZIP	Phone/ Ext.:						
					Date:				
IS THE PAYEE	A CAL STATE LA EMPLOYEE?	es No IS THE F	PAYEE A UAS EMPLOYEE?	Yes No	IS THE PA	YEE A US CITIZE	Yes EN?	No	
If you have all	ready filed a Payee Data Reco	ord Form please pr	oceed. If you have not, cli	ck the link at	the top of	the page labele	ed "Payee Data Rec	ord Form"	
If this is a Ru	I <u>Sh</u> request mark the box and	d indicated date ne	eded	Date ne	eded:				
(Additional fee	may apply)								
	Description	Project	Invoice Number	Account	Fund	Dept.	Amount	1099	
							\$		
			TOTAL				\$		
							Ψ		
IIAS IIsa o	nly - Accounting Denar	tment Coding							
UAS Use only - Accounting Department Coding SUPID:			Payee Data Record Corp. Sole Invoice Date						
Desc.			Form on File? Invoice No. Due Date:						
Audited by:									
Remarks:									
	Sample authorized signa	tures must be on f	ile at UAS corporate office	e and agree v	vith the si	gnatures on th	e request.		
		Authorized	Signatures						
expenditures ber policy, and that a contingent upon	expenses incurred are for bona fide nefit the educational mission of the (Ill items are for official business and teaching, research, or any other sen n excess of tuition/fees, books, supp	CSU as defined by the include no personal extrice performed by the	respective statutes, Board of Tr opense. I certify that the above student and that each recipient	ustees policies, payments, if ma	campus po ide to a stud	licy, and UAS lent, are NOT	UAS Appro	val	
Name of authorized signer (Type or Print)			Signature Date			Date	Approved by		

Signature