



The University Foundation
at Sacramento State

CHECK REQUEST

Forward to: Accounting Services
Campus Zip 6080

FORM MAY BE RETURNED IF NOT COMPLETE

PAYEE INFORMATION	SUBMITTAL INFORMATION
NAME _____	DATE OF REQUEST _____
ADDRESS _____	SUBMITTED BY _____
SUPPLIER ID _____	EXT. _____
Description: _____ _____	CHECK ONE:
	<input type="checkbox"/> Mail to payee <input type="checkbox"/> Pick up Phone # for pick up _____

DETAILED NATURE OF EXPENSE: Attach all required original supporting documentation, i.e. receipts, invoices, etc.
(If hospitality expense, include a brief explanation of how expenditure benefits the University's educational mission.)

Business Unit: SAFDN		PLEASE COMPLETE		
Account	Fund	DeptID	Class	Amount
TOTAL AMOUNT				

For personal reimbursement:

I certify that I purchased the above item(s) or service(s) with my own personal funds, and I have not yet been reimbursed by UEI, the University, its auxiliaries or affiliates.

Payee Signature _____ Date _____

All other payments:

By my signature below, I certify this is a legitimate expenditure per the specifications for the accounts listed above.

Authorized Account Representative Signature _____ Date _____

THE UNIVERSITY FOUNDATION AT SACRAMENTO STATE
APPROVAL:

Signature _____ Date _____

Voucher # _____