



SACRAMENTO STATE

The University Foundation at Sacramento State

CHECK REQUEST

Forward to: Accounts Payable Mail Stop 6004
Sac State Students: Send to Bursar's Mail Stop 6052

SUPPLIER ID _____

FORM MAY BE RETURNED IF NOT COMPLETE

PAYEE INFORMATION	SUBMITTAL INFORMATION
Name _____	Department _____
Address _____	Dept Contact _____
City, State, Zip _____	Mail Stop _____
	Ext. _____
Description:	CHECK ONE:
<input type="checkbox"/> EMPLOYEE <input type="checkbox"/> STUDENT <input type="checkbox"/> VENDOR	<input type="checkbox"/> Mail to Payee <input type="checkbox"/> Deposit @ Bursar's
Student ID # _____	<input type="checkbox"/> Pickup
	Name & Phone # _____

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	<i>If expense is COVID-19 related, use class 2973A</i>	Amount
TOTAL AMOUNT					

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

Authorized Account Representative Signature _____ Date _____

Print Name _____ Title _____

Voucher # _____