CHECK REQUEST

The University Foundation at Sacramento State

SACRAMENTO STATE

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
	Mail Stop
City, State, Zip	Ext.
Description: Award/ Prizes	**CHECK ONE:**
☐ EMPLOYEE ☐ STUDENT ☐ VENDOR	☐ Mail to Payee ☐ Deposit @ Bursar's
Student ID #	☐ 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 *If expense is COVID-19 related, use class 2973A*	Amount
			TOTAL AMOUNT	$ 0.00

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 #_____