

***Reference the CSFPF Check Request Guidelines to ensure payments or reimbursements are qualifying expenditures.**

This Check Request Form is not used to issue payment on a purchase order or travel-related reimbursements expenses.

VENDOR INFORMATION _____

REQUESTER INFORMATION _____

Vendor/Payee Name: _____

Today's Date: _____

Yes, payee is an employee of the CSU system or its auxiliaries.

Request Type: Payment/Honorarium Change Fund
(Attach Honorarium Form)

Mailing Address: _____

Non-CSUF Scholarships Reimbursement

Vendor's Email: _____
(Email address is required for processing)

Requester/Preparer: _____

Email Address: _____

DESCRIPTION & JUSTIFICATION OF GOODS/SERVICES	INVOICE # (if applicable)	ACCT #	OBJ. CODE (for CSFPF use)	AMOUNT
Special Instructions:	TOTAL			

If the vendor has not included sales tax in the invoice, current local sales tax will be applied as required by California Law.

COMPLIANCE REVIEW _____

- Are there any IT expenses? **YES** _____ (attach IT approval with authorization number) **NO**
- Are there expenditures that fall under the CSUF Directive 11? **YES** (attach D11 with required docs) **NO**
- Will the vendor be on campus? **YES** (attach vendor's insurance declaration page) **NO**
- Is this a qualifying item for a check request? **YES** **NO** (attach a UPAR)

APPROVED SIGNATURES _____

Two signatures are required if the total amount is over \$3,000. Signatures must match those on file. The expenditure(s) listed above meet the educational mission, procurement policy requirements of CSFPF and CSUF, and comply with the CSFPF Account Agreement. By signing below, I attest that the requisition is made in best judgment, serves a clear business-related purpose, and has no personal benefit derived by the purchasing employee.

Requester/Preparer Signature _____ Print Name & Title _____ Date _____

Authorized Signature (as needed) _____ Print Name & Title _____ Date _____

Authorized Signature (as needed) _____ Print Name & Title _____ Date _____

CSFPF Use Only	
Vendor ID	1099 Code
Review	
CSFPF Signature	Date
CSFPF Signature	Date

Attach all supporting documentation to this Check Request and submit to CSFPFAP@Fullerton.edu.