

***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 _____

Vendor/Payee Name: _____

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

Mailing Address: _____

Vendor Email: _____

CSFPF Vendor ID: _____
(New vendors require a VDR 204 or W9 on file)

REQUESTER INFORMATION _____

Today's Date: _____

Request Type: Payment/Reimbursement Change Fund
 Honorarium Non-CSUF Sch.
(Attach Honorarium Form) (Attach VDR/W-9 Form)

Requester/Preparer: _____

Email Address: _____

Appeal #: _____
(Required for all approved events)

DESCRIPTION & JUSTIFICATION OF GOODS/SERVICES	ACCOUNT	OBJECT CODE	AMOUNT
Special Instructions:	TOTAL		

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

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**

SUPPORTING DOCUMENTATION _____

Original documentation, including vendor invoices, registration forms, order forms, and receipts, must be attached to this request form as support. If original documents are not available, complete and attach the **Lost/Missing Receipt Verification Form**.

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 _____ Print Name & Title _____ Date _____

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

CSFPF Use Only	
CSFPF Signature _____	Date _____
CSFPF Signature _____	Date _____
Applicable Fees _____	Post Date _____

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