

T: 657-278-2786 F: 657-278-7666 http://foundation.fullerton.edu/

CHECK REQUEST

Please refer to C	CSFPF website for	policies &	procedures for	check requests

Date:

Vendor/Payee:

Address

CSFPF Vendor ID:

*New Vendors require VDR 204

All checks will be mailed directly to vendor unless otherwise instructed

	Is payee an employee of CSU system or its auxiliaries?	Yes
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Note: If payee is an employee or payment is for an employee's business expense, approval of supervisor or superior is also required in approval section below.

Description of merchandise and justification for disbursement	Account	Object Code	Amount
Special Instructions:		Total	
		Sales Tax must be	
		included as required by California State Law	

DIRECTIVE 11 COMPLIANCE

Is this expenditure covered by CSUF Directive 11	Yes docum		If yes, attach completed CSUF "Directive 11	
Documentation and Approval Form" along with any required documentation.				

CHECK REQUEST INFORMATION

ORIGINAL DOCUMENTATION: Attach original receipt/invoice as back-up. If original receipt is not available, please attach a completed "Lost/Missing Receipt Verification" and a copy of the receipt (if available). If original invoice is not available, please state the reason and attach a copy.

	PROVED SIGNATORIES Two sign e certify these expenditures are in compliance	CSFPF ONLY			
Аррі	roved Signature	Print Name	Date	Authorized Signature	Date:
Арр	roved Signature	Print Name	Date	Authorized Signature	Date:
•	ervisor/Superior Signature (as needed) proved Signatories must match those on file	Print Name	Date	_	

Requested by:		

Intercampus Mail Address:

Phone/Ext:

No