CALIFORNIA STATE UNIVERSITY
FULLERTON
PHILANTHROPIC FOUNDATION

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

CHECK REQUEST

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

Date: _____ Requested by: _____

Vendor/Payee: _____ Intercampus Mail Address: _____

Address _____ Phone/Ext: _____

_____

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 ☐ No

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 an IT expense ☐ Yes ☐ No If yes, attach IT approval # prior to purchase _____
- Is this expenditure covered by CSUF Directive 11 ☐ Yes ☐ No 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.

- APPROVED SIGNATORIES Two signatures required if total amount is over $3000.
  I/We certify these expenditures are in compliance with all restrictions

CSFPF ONLY

_____ _____
Approved Signature Print Name Date Authorized Signature Date:

_____ _____
Approved Signature Print Name Date Authorized Signature Date:

_____
Supervisor/Superior Signature (as needed) Print Name Date
*Approved Signatories must match those on file

Return completed form to: CSFPF, 2600 Nutwood Ave. Ste. 830, Fullerton, CA 92831