



CALIFORNIA STATE UNIVERSITY, FULLERTON™

AGENCY CHECK REQUEST WORKSHEET

Name of Organization _____

Agency Account # _____

Payee _____ CWID (if applicable) _____

Payee Address _____

Phone _____ E-mail (CSUF if student) _____

Distribution: Mail Hold for Pickup [Checks not picked up within three (3) business days will be mailed]

Table with 3 columns: Receipt/Invoice #, Description (to be listed under Memo in Sage), Amount. Includes a Total row at the bottom right.

This completed form needs to be included with the attachments (receipts/invoices) submitted for each request. All applicable lines are to be completed.

For reimbursements:

- Use "Reimb [Current Date] as the Vendor Document Number.
All receipts are to be attached to the request, and each receipt listed on a separate line.
The memo is the detailed description of what was purchased.
If the reimbursements are for an event, include the event name and date.
Complete sales receipts need to be included (receipts show itemized list of items and costs, subtotal, shipping, sales tax, total and amount paid).
If the payee is the parent of a CSUF student, please use that student's CWID.
Please be aware that we are unable to reimburse for purchases made with a gift certificate or SNAP/EBT benefits.

To pay vendors:

- Attach the invoice with the invoice number used as the Vendor Document Number.
If the vendor is new, please attach their completed W-9 with the invoice.
If the vendor is performing a service on campus, include their current Certificate of Insurance.

Requestor Name _____ CWID _____

Phone _____ CSUF E-mail _____



CSUF Accounting Society

Spring 2025 Check Request Form

NOTE: Please attach all original receipts/invoices along with one additional copy to the back of this form using a paperclip and allow two to three weeks for processing. Only officers and chairpersons of Accounting Society are allowed to use this form for requesting checks. Those who opt to pick up their check may do so at the ASI Accounting Office (TSU 224) after notification from the Treasurer.

Payee Name: _____

Date: _____

CWID: _____

Event Name: _____

Payee Address: _____

Payment in Advance: _____ Expense Reimbursement: _____ Phone Number: _____

Mail Check: _____ Pick up: _____

| Receipt | Vendor | Description | Amount |
|---------|--------|-------------|--------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |

DO NOT WRITE BELOW THIS LINE

Total Amount: \$ _____

APPROVAL

Signature required from the Treasurer **AND** President/Executive Vice President

Treasurer

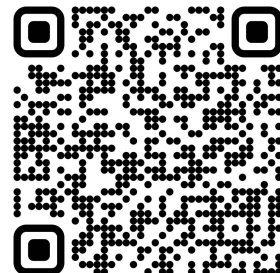
Oliver Cajayon

President | Executive Vice President

Raj Patel | Soham Santosh

STEP 1: Fill in the information.

STEP 2: Please scan the QR Code below to complete online form submission:



<https://forms.gle/ocgDQtg8MYLmL8887>

STEP 3: Attach your receipts onto this form

NOTE: Make sure it is in PDF form.