

Name of authorized signer (Type or Print)

CHECK REQUEST

CK

Date

Date

ACAILIARI SE	RVICES INC.								
- Please allow 5-1	0 business days for cl	heck request to be	new vendors must complet processed for payment. ner. In this case, the check re	•		ed by payee's s	upervisor. or Payee Data Reco	ord Form	
Payee Information:						Requested By:			
Vendor/Payee:						er Name:			
STREET			Dept./Room No:						
CITY		STATE ZIP			Phone/ Ext.:				
		-			Date:				
IS THE PAYEE A CAL STATE	Yes	AV/FF A LIAO FMDLOV/FFO	Yes No	IO THE D	VEE A 110 OITIZE	Yes No			
			AYEE A UAS EMPLOYEE? , then click the link at the to	p of the pag		"Click here W9"			
If this is a Rush reques (Additional fee may apply)		indicated date nee	eded	Date ne	eded:				
Descripti	on	Project	Invoice Number	Account	Fund	Dept.	Amount	1099	
		.,				•	\$		
							<u> </u>		
	•								
			TOTAL			\$			
							<u> </u>		
IIAS IIsa only - Acc	ounting Departs	ment Coding							
UAS Use only - Accounting Department Coding SUPID:			W9 on File? Corp. Sole			Invoice Date:			
Desc.			Invoice No.			Due Date:			
Audited by:									
Remarks:									
Cample	a authorizad aignatu	uraa muat ba an fi	lo at LIAS agreements office	and agree w	iith tha a	anaturaa an th	a request		
Затр і	e authorized signatu		le at UAS corporate office	anu agree w	nui ine s	gnatures on th	ie request.		
Authorized Signatures I certify that the expenses incurred are for bona fide business purposes, and the information provided is true and accurate. I certify that the expenditures benefit the educational mission of the CSU as defined by the respective statutes, Board of Trustees policies, campus policy, and UAS policy, and that all items are for official business and include no personal expense. I certify that the above payments, if made to a student, are NOT contingent upon teaching, research, or any other service performed by the student and that each recipient has been notified of the potential tax liability for any amount in excess of tuition/fees, books, supplies, and equipment for courses or instruction.							UAS Approval		
Name of authorized signer (Type or Print)			Signature			Date	Approved b	у	

Signature