



## CHECK REQUEST FORM

<u>Requisition Number</u>  <u>Invoice Number</u>	<u>Vendor ID</u>	<u>Check/Wire Number</u>  <u>Check/Wire Date</u>
<i>For SAA Business Office Use Only</i>	<i>Paperwork Reviewed</i>	<i>Check Request Processed</i>

All Check Request forms must be submitted in PDF format to [ccbs@jjay.cuny.edu](mailto:ccbs@jjay.cuny.edu). Event flyers, memos stating reasons for an event and all other supporting documentation must accompany Check Request. Payment will be mailed to the vendor or sent through ACH wire.

<b>VENDOR NAME:</b> _____  <b>ADDRESS:</b> _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-left: 100px;"> <span>Complete Address (include Apt. #)</span> <span>Borough/City</span> <span>State</span> <span>Zip Code</span> </div> <b>PHONE NUMBER:</b> _____
---

**Actual Check Amount:** \$ \_\_\_\_\_      **Account Name/No.:** \_\_\_\_\_  
(Refer to account codes ex. "Promotions Expense 52753")

**Detailed Description/Event:** \_\_\_\_\_  
Title, Theme or topic name of event Ex: ("the Criminal Justice System – The John Jay Experience")

**Event Date/Time:** \_\_\_\_\_ / \_\_\_\_\_      **Event Location:** \_\_\_\_\_

**Notes:**

**Authorized Signatures:** *All signatures must be on file in the SAABO at the beginning of each fiscal year.*

Department Designee	Title	Date
Designee for the Children's Center	Title	Date