CHECK REQUEST FORM

_____ **Requisition Number**	_____ **Program Code**	_____ **Funding Source**	_____ **Check/Wire Number**
_____ **Invoice Number**	_____ **Vendor ID**		_____ **Check/Wire Date**
For SAA Business Office Use Only:	*Paperwork Reviewed*		*Check Request Processed*

All Check Request forms must be submitted in PDF format to 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.

VENDOR NAME: _____

ADDRESS: _____
    Complete Address (include Apt. #)   Borough/City   State   Zip Code

PHONE NUMBER: _____

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

Budget Name: _____

Event Date/Time: _____/_____   **Event Location:** _____

Detailed Description: