



CHECK REQUEST FORM

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

All Check Request forms must be submitted in PDF format to saaboforms@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: _____
 Club, Student Council, Athletic Entity, etc

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.*

_____ _____ _____
 SC Officer/CSIL/Department Designee Title Date

_____ _____ _____
 SAA BOD CHAIR/ Student Activities Association Designee Title Date

CUNY OFF-CAMPUS STUDENT TRAVEL APPROVAL FORM

The Off-Campus Student Travel Approval Form must be completed by the Trip Sponsor and submitted to the Chief Student Affairs Officer for student organization travel or to the Chief Academic Officer for academic (class) related travel a minimum of six (6) weeks prior to travel. All organized travel is expected to follow the CUNY Student Domestic Trip and Travel Guidelines. These Guidelines can be found at jjay.cuny.edu. This form must be approved by the Chief Student Affairs Officer or the Chief Academic Officer in order for travel to commence.

To Be Completed by the Trip Sponsor.

Type of Trip (Check One): Individual Group Other: _____

If the trip is affiliated with Academic Affairs, identify the Course and Section: _____

If this trip is affiliated with Student Affairs or Other, identify club or administrative unit:

Trip Sponsor Name: _____ Status: (check one): Faculty Staff

Title of Trip Sponsor: _____

Name of College: _____

Cell Phone: _____

Alternative Phone: _____

Email: _____

All college sponsored/affiliated group trips (CUNY Trips) are required to be accompanied by a Trip Chaperone as outlined in the CUNY Student Domestic Trip and Travel Guidelines. If you have more than one chaperone, please attach an additional page with complete information. If there is no chaperone, provide the information for the Trip Sponsor.

Name of Trip Chaperone: _____

Title of Trip Chaperone: _____

Name of College: _____

Cell Phone: _____

Alternative Phone: _____

Email: _____
(most frequently checked email address)

Destination of Travel/Event/Activity: _____

Name of Travel/Event/Activity: _____

Describe Nature of Activities Involved in Trip: Specifically highlight any high-risk activities:

Purpose of Travel: _____

Number of Students Attending: _____

Number of Students under 18: _____

Dates of Travel: Departing Day: _____ Time: _____

Returning Day: _____ Time: _____

Transportation (Circle all that apply): Car Rental Train Plane University Vehicle
Contracted Bus Service Other _____

Transportation Details: (Please Provide Relevant Details):

Driver's Name (if University vehicle, rental or private car): _____

If a University vehicle, car rental or private vehicle, does the drive meet the minimum requirements defined by the Vehicle Use Policy (Fleet Management Policy): Yes _____ No _____



Rental Service: _____

Name of Bus/Train/Airline Co: _____

Flight/Train Number(s): _____

Will the travel require overnight lodging? (If yes, please complete the next section) Yes No

Name of Accommodation: _____

Type of Accommodation: Hotel Hostel College Resident Hall
Retreat Center Personal Home Conference Center
Other: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

* Attach additional sheets as necessary. Please attach a complete trip itinerary and any other relevant attachments.

OFFICIAL USE

APPROVAL (Signatures Required)

By signing, I certify I have read the Domestic Trip and Travel Guidelines and agree that the proposed activity satisfies all requirements.

Name of Trip Sponsor Signature of Trip Sponsor Date

The attached Off-Campus Student Travel Approval Form is hereby approved by the Chief Academic Officer or Chief Student Affairs Officer.

Name of CAO or CSA Officer Signature of CAO or CSA Officer Date

FOR SAA BUSINESS OFFICE USE ONLY

Total Travel Amount Approved: \$ _____ Date Approved: ____/____/____

SAA Business Manager Signature Date

EVENT REQUEST FORM FOR
ONLINE STUDENT LIABILITY WAIVER

Note: Event request form for online student liability waiver must be emailed in PDF format to saabofoms@jjay.cuny.edu **at least 2 weeks prior to an event.** Department/Organization logo and event flyer must be attached with this form. Any event requiring ticket distribution to the public will take place in the Student Activities Association, Inc. Business Office room L.66.03 NB.

Organization/Department Name: _____ **Phone Number:** _____

Contact Person Name: _____ **Email:** _____

Event Information

Event Date/Time: _____ / _____ **Number of Students Participating:** _____

Event Location: _____

Event Description:

Ticket Distribution Method

If tickets will be distributed for your event, select how they will be given out for participation.

___ **Selling** ___ **First Come, First Serve** ___ **Raffle** ___ **Other** _____

Chaperone Contact Information

	Name	Email	Phone Number
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			



ORAL BID FORM

Note: This form is required when a purchase from a vendor is over \$250.00. Each organization/department must submit an oral bid form for purchases over the cost of \$250.00. Note: All documentation (ex. Quotes) for vendors listed below must accompany the Oral Bid Form.

Name of Organization/Department: _____ **Date:** _____

VENDOR (Name, Address, Telephone Number, Contact Person)	ITEM DESCRIPTION (Model Name, Number, Quantity Requested, Item Price)	TOTAL PRICE

Selected Vendor: _____ **Selected Amount \$** _____