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 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

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

Detailed Description: