CHECK REQUEST FORM

_____ **Requisition Number** _____ **Invoice Number**	_____ **Vendor ID**	_____ **Check/Wire Number** _____ **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 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