

## CHECK REQUEST FORM

<u>Requisition Number</u>  <u>Invoice Number</u>	<u>Program Code</u> <u>Funding Source</u>  <u>Vendor ID</u>	<u>Check/Wire Number</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](mailto: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