



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. 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