

University Center Check Request Form

No electronic submissions will be accepted. Please print and turn in a hard copy of this form to the University Center Student Activities Desk outside of MGC 271 and 274

Submission Date: _____

Date Received: _____

ORGANIZATION INFORMATION:

ACCOUNT NUMBER (5 DIGITS): _____ 25 LIVE RESERVATION # _____

Full Organization Name _____

Requestor's Name _____

Additional Pick-Up Names _____

Email Address _____

Event/Project Name _____ Date of Event _____

VENDOR INFORMATION

VENDOR

COMPANY

INDIVIDUAL

CONTACT NAME _____

CONTACT PHONE/EMAIL _____

TAX ID, SSN #, AU ID # _____

MAILING ADDRESS _____

AMOUNT REQUESTED _____

DATE NEEDED (NO ASAP) _____

Invoice Attached W9 Attached

OFFICE USE

Receipts Attached Contract Attached

TRACKING # _____

FUNDING SOURCE

ALLOCATION

REVENUE

DETAILED PURCHASE DESCRIPTION

- **Never sign a contract with your own name!**
- **All check requests require advisor approval**
- **Keep in mind that check processing can take 30-45 days or more, and we cannot guarantee a check on the day of the event for vendors**

APPROVAL

President/Treasurer Comptroller Printed Name

Signature

Date

UC Advisor/Financial Administrator Printed Name

Signature

Date

UC Director/Senior Director Printed Name

Signature

Date

OFFICE USE
DATE SENT
TO AP/PCD