Check Request
(Multi-part form)

Forms available: Research and Sponsored Programs Office – 25 Main Room 103
Foundation Administration – 25 Main Room 203

Place a check mark next to the appropriate Foundation Office

Check the appropriate box for delivery type. Enter a telephone extension if necessary.

Check the Mail Attachment box if something is to be mailed with the check. Please provide a copy of attachment

Enter individual or vendor name

Enter complete address

CSU, Chico Research Foundation

Check Request
(Project #'s 30000—99999)

Check Request #:

☐ Research & Sponsored Programs (RESP) Zip 870
☐ Foundation Administration (Admin) Zip 246

PAYEE:

ADDRESS:

☐ Pick-Up at AS Business Office, Call Ext.
☐ Mail to address Shown
☐ Mail Attachment (Copy Attached)
☐ Place the date here

Date of Request:

Complete For Food/Hospitality Expenses: Date, Time & Location

Business Purpose & Benefit to Foundation/University

Attendees
(If fewer than 10 individuals please list by name otherwise enter the number of attendees)

For hospitality, food, beverages and entertainment reimbursement enter date, time, location, purpose and attendees (if less than ten provide a list of names)

Please DO NOT WRITE IN SHADED AREAS

Amount	Vendor Number	Project	Object	Invoice No.	Total Amount	Invoice Date	1099	Or Misc.

Enter the amount to be charged to each project/object code

Do not write in shaded areas

Do not write in shaded areas

Enter the project and object codes

Enter column total

Total Amount Of Check

NATURE OF EXPENSES:

Med Dep
$
Available in your Flex Acct.

Enter a fairly detailed description of the nature of the expenses

By signing below, I certify that: all items attached are for official Foundation business, are allowable and allocable to the specific projects listed and all goods/services were received.

Obtain Authorized Signature(s)

Signature(s) of Project Director or Authorized Representative(s)
(Signature on file in RESP/Admin Office)

Signature of Foundation Representative

Campus Zip: **Contact Phone & Name:**

CHECK NO:

DATE:

Enter zip so that the green copy of the check request can be returned, phone number and name of person to contact if there are questions regarding paperwork

Complete request form, attach required backup documents and submit to the appropriate Foundation Office
Research and Sponsored Programs, 25 Main Room 103 (Zip 870) or
Foundation Administration, 25 Main Room 203 (Zip 246)