CHECK REQUEST FORM

_____ Requisition Number	_____ Program Code	_____ Funding Source	_____ Check/Wire Number
_____ Invoice Number		_____ Vendor ID	_____ 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 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

Check Request Form   Office: Student Activities Association, Inc. Business Office   Last Modified: October 8, 2020