



# CAL STATE L.A. UNIVERSITY AUXILIARY SERVICES, INC.

## CHECK REQUISITION

☐ CORPORATE ☐ GEH ☐ AGENCY ☐ CONTRACTS & GRANTS

Total Amount Requested	Account	Account Title	Fund	Organization/ Dept.	Budget Year	Project ID	Amount	1099
\$								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>

Please print or type Name and complete address (Note: new payee/vendor will be required to complete a Vendor Data Form)

Pay to \_\_\_\_\_

Address \_\_\_\_\_

City, State and zip \_\_\_\_\_

### Types of expenditure

- A. ☐ Vendor Invoice \_\_\_\_\_ I acknowledge receipt of items/services  
B. ☐ Expense reimbursement  
C. ☐ Consultant/independent Contractor/Lecturer  
D. ☐ Travel Form and Travel Approval

Please explain in detail the reason for the expenditure and how it relates to the project and it furthers the mission of CSULA **[Required]**

### Check Delivery Method (Please allow 10 working days for processing)

☐ Mail Check ☐ Mail Check with attachment ☐ Pick-up Call \_\_\_\_\_

Prepared By (Please Print) \_\_\_\_\_ Date \_\_\_\_\_ Building/Room # \_\_\_\_\_ Ext. \_\_\_\_\_

I hereby certify to the best of my knowledge that expenses are true and correct for this project/department, and adhere to Sponsor and/or UAS's policies.

Authorized by \_\_\_\_\_ Date \_\_\_\_\_ Authorized by \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Print Name \_\_\_\_\_

### FOR UAS ACCOUNTING USE ONLY

Auth. Sign \_\_\_\_\_ Valid exp. \_\_\_\_\_  
Document \_\_\_\_\_ Voucher # \_\_\_\_\_  
Fund Avail. \_\_\_\_\_