CSUN | CALIFORNIA STATE UNIVERSITY NORTHRIDGE

ACCOUNTS PAYABLE

Check Request Form

University Hall 360
Phone: (818) 677–3472
Fax: (818) 677–4581
Mail Code: 8202

CHECK REQUEST INFORMATION:

Payee Name:_____Requisition#:_____

Address:_____City:_____State:_____Zip Code:_____

Reason for Request:_____

_____

_____

_____

CHARTFIELDS: *(Required)*

Account:_____Fund:_____DeptID:_____Program:_____Class:_____Project:_____Amount:$_____

Account:_____Fund:_____DeptID:_____Program:_____Class:_____Project:_____Amount:$_____

Account:_____Fund:_____DeptID:_____Program:_____Class:_____Project:_____Amount:$_____

Total Amount: $_____

Mail Check: Yes or No_____Pick Up Check by:_____Ext.#:_____

Requested By:_____Date:_____

Print Name:_____

Financial Approver:_____Date:_____

Print Name:_____

DO NOT WRITE BELOW THIS LINE – FOR AP OFFICE USE ONLY:

Voucher ID #:_____Check#:_____Check Date:_____