

DISBURSEMENT CHECK REQUEST

Auxiliary Accounting

5500 University Parkway. San Bernardino, CA 92407
Main (909) 537-7213 Fax (909) 537-7175

ASI PHL SUN UEC

CHECK DISTRIBUTION

Mail Check to Address

Pick up

Extension: _____

Original receipts and invoices must accompany each check request. Reimbursements for each event related expenses, please indicate the purpose of the event, the date, a list of attendees and attach a copy of the invitation or flyer.

Address Change ? Yes No

Payee Name (Please Print)	Date	Phone
Address, City, State, Zip Code		

PEOPLESOFT CHARTFIELD

Account	Fund	Dept	Program	Class	Project	Amount

Check off the appropriate mission or annotate if not already on the form on how the proposed expenditure will benefit the educational mission of CSUSB. **Please provide a complete description of the item(s) purchased or service(s) provided. (Required on all disbursements).**

- | | | |
|---|---|---|
| <input type="checkbox"/> Student Support | <input type="checkbox"/> Educational Program | <input type="checkbox"/> Sponsored Program Activities |
| <input type="checkbox"/> Capital Campaign | <input type="checkbox"/> Technology Development | <input type="checkbox"/> Faculty/Staff Development |
| <input type="checkbox"/> Cultural Activity | <input type="checkbox"/> Partnership Building | <input type="checkbox"/> Cultivate Donors (Provide attendees) |
| <input type="checkbox"/> Other (Please Specify) _____ | | |

Description/Purpose: _____

Prepared by (Please Print) _____ Phone or Ext _____ Date _____

Approved by (Please Print) _____ Date _____

I CERTIFY THAT: this expenditure is for the primary objective and goal of aiding and supplementing the instructional and service activities of CSUSB.

Account Authorized Signature Approval _____

Auxiliary Use Only

Vendor Number: _____

Voucher Number: _____

Budget Approval: _____

EPLS: Yes- see attached
 No

Accounts Payable turnaround timeframe is 10 business days.

DISBURSEMENT CHECK REQUEST

The Auxiliary Accounts Payable turnaround timeframe is 10 business days, upon receiving the completed forms and the appropriate back-up documentation.

1. Check Disbursement

Please specify how you would like your check to be handled. Please be advised that if you request the check to be mailed, it will go to the address indicated on the form.

2. Please select business unit that activity has occurred in.

- ASI Associated Students, Inc.
- PHL Philanthropic Foundation
- SUN San Manuel Student Union
- UEC University Enterprises Corporation at CSUSB

3. Address change, please check appropriate box.

4. Personal Information

Payee Name
Date - The date you are filling out the request
Phone - Home phone number of Claimant
Home Address - Home address of Claimant

5. Peoplesoft Chartfield

Enter the account, fund, dept., project, and amount.

6. Mission- Check off appropriate mission on how the proposed expenditure will benefit the educational mission of CSUSB.

7. Description/Purpose- Provide a complete description of the item(s) purchased or service(s) provided.

Please provide the support documentation for the item(s) listed on the form.

8. Prepared By

Person preparing the Disbursement Check Request Form

9. Approved By

An authorized signer on the account must approve and date the disbursement form.

10. Certification

If you are receiving reimbursement from more than one source, you must provide information concerning that source to prevent duplication payment/reimbursement.

Do not use this form if an approved Purchase Order Request has been submitted.

Submit the request to Auxiliary Accounts Payable Office for Reimbursement.