

## Check Request Form Instructions

Forms for Check Requests can be located at:

CPC check request: [http://cpfoundation.org/docs/finance/Check\\_Request\\_Form.pdf](http://cpfoundation.org/docs/finance/Check_Request_Form.pdf)

CPF check request: [http://www.calpolycorporation.org/docs/foundation/CPF\\_Check\\_Request.xls](http://www.calpolycorporation.org/docs/foundation/CPF_Check_Request.xls)

1. Enter current date.
2. Fill in complete name and address of payee. If payment is for services rendered or for an award, a taxpayer id or social security number must be included for 1099 reporting purposes.
3. Mark (**this is in relation with the Pay To**) CPC Employee, CSU Student, CSU or State Agency Retiree/Date Retired, Company Owned in whole or part by CSU or State Agency Employee or Relative, SCU or State Agency Employee or None of the Options.
4. Payment is for an invoice, other than advance: **original** invoice must be attached to the check request form when submitted for payment. Refer to item #7 for further information or go to the Check Request Quick Reference.
5. Advance Requested: payment is made in advance prior to merchandise or service being received.
6. Indicate when advance will clear. You will receive notification when the advance has been issued and asked to notify the Business Office when your advance has cleared.
7. Description: paying for
  - Supplies, materials, dues, fees, memberships, subscriptions, etc: attach original invoice(s) and packing slip(s), if applicable, to the back of the check request. List invoices and dates separately.
  - Reimbursements: attach original invoice(s)/receipts to the back of the check request. List invoices and dates separately.
  - Hosting or “business related meals”: indicate the purpose and the group or persons being hosted.
  - Gas receipts only: can be reimbursed **ONLY** if there are no other related expenses involved. On the receipt write:  
Destination \_\_\_\_\_  
Purpose \_\_\_\_\_  
Write “no other travel related expenses for this trip” per \_\_\_\_\_
  - Equipment: Indicate building and room number where item(s) will be located if charging equipment object code 151800 or 824300.
  - Faxed Invoices: if a faxed invoice is the only copy a vendor will supply, then a notation to that must be included on the invoice submitted for payment, signed and dated by the submitting party.
  - Web Purchase: attach to the check request: Item description and prices, confirmation showing method of payment, original packing slip(s).
8. Indicate amount being paid
9. Indicate org key to charge.
10. Indicate object code to charge.
11. Enter **total** amount of check request.

12. Specific date check is needed by (check will print on date indicated). ASAP or next run may not be soon enough if your check request has been held up somewhere in the process. **Remember – it takes 3 working days to process a check request once it gets to the CPC Business Office; so be sure to allow enough time!**
13. Name of person who has requested the check.
14. Phone number and e-mail address of the requestor.
15. Signature of person having authority to sign for the key indicated on line #9 above.
16. If the request for check is a reimbursement to the manager of the org key, their supervisor must sign the check request.
17. Indicate manner in which check should be disbursed.
18. DO NOT MAIL: if check is to be picked up, enter phone number.
19. Name of person who is being called.
20. MAIL: to address shown – same address as line #2
21. Other: address is different than line #2.

Once completed, please forward the check request form to the appropriate Corporation contact for approval:

- Sponsored Programs – org keys 45000-59999 and 82000-82990 (exception of 82890).
- Conference and Event Planning – org keys 82890 and 83000-88999.
- All other org key ranges forward to the Corporation Business Office.

**Please keep a copy of the check request for your records**

# Example of CPC Check Request

CAL POLY CORPORATION CHECK REQUEST				
Date: _____	1	3		
Pay To: _____	2	<b>THIS SECTION MUST BE COMPLETED</b>		
1099 Taxpayer ID: _____		<input type="checkbox"/> CPC Employee	<input type="checkbox"/> CSU or State Agency Employee	
Address: _____		<input type="checkbox"/> CSU Student	<input type="checkbox"/> None of the Options	
		<input type="checkbox"/> CSU or State Agency Retiree/Date Retired _____		
		<input type="checkbox"/> Company Owned in whole or part by CSU or State Agency Employee or Retiree		
		4	PAYMENT FOR ATTACHED	
			(attach original invoice/receipts)	
		5	Advance Requested	
		Approximate date expected to clear:		6
DESCRIPTION (I.e., Invoice No./Date/Other Payee) Please list invoices and dates separately	Amount	5-digit Org Key	6-digit Object Code	VENDOR FEID #
7	8	9	10	
<b>TOTAL</b>	11			
Date Check Needed: _____	12			
<small>Effective January 1, 2004: Public Contract Code prohibits CSU employees (except for those with teaching or research responsibilities) from contracting with, or being employed by, Cal Poly Corporation if the source of the funds for the goods or services comes from CSU funds or a CSU contract, unless required by his/her CSU employment determined by the CSU. PCC 10031</small>				
Requester: _____	13	OTHER APPROVAL: _____	16	
Phone # and e-mail: _____	14			
Dept. Approval: _____	15	CPC MANAGEMENT: _____		
Remarks:				
<b>FOR OFFICE USE ONLY:</b> Invoice #: _____ <input type="checkbox"/> 1099? <input type="checkbox"/> W@S? <input type="checkbox"/> Accrue sales tax? Total Invoices: _____ Addtl. Rmks: _____ Entered by: _____		<b>CHECK DISBURSEMENT:</b> 17 <b>DO NOT MAIL:</b> Pick up at Receptionist: _____ 18 Call phone #: _____ 19 Name: _____ <b>MAIL:</b> To Address Shown: _____ 20 Other: _____ 21		

Revised: 10/17/2007

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