

LOS RIOS COMMUNITY COLLEGE DISTRICT

CHECK REQUEST

<p>PAYEE: _____ (Last Name) (First Name) (Print or type exactly as name should appear on warrant)</p> <p><input type="checkbox"/> One-time-only payment to this payee</p> <p><input type="checkbox"/> Deliver Check to: <input type="checkbox"/> ARC <input type="checkbox"/> CRC <input type="checkbox"/> SCC <input type="checkbox"/> FLC <input type="checkbox"/> FM <input type="checkbox"/> DO</p> <p><input type="checkbox"/> Mail Check to: _____ _____ _____</p> <p>If Payee is a student, please provide _____ -- -- Social Security Number</p>	<p>PURPOSE: (Check one)</p> <p><input type="checkbox"/> Payment to Student(s) a. Grants _____ b. Child Care _____ c. Other _____</p> <p><input type="checkbox"/> Revenue Abatement(Refund) a. Facility Use _____ b. Sports Camp _____ c. Community Service _____ d. Library Fine _____</p> <p><input type="checkbox"/> Transfer between District Funds</p> <p><input type="checkbox"/> Cash Transfer - Investment Purposes(P-8253)</p> <p><input type="checkbox"/> Other _____ (Describe)</p>
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DESCRIPTION

Payments Charged to Categorical Programs, Grants or Special Projects
 This payment is in compliance with the requirements of _____
 Program Name _____

Program Director/Coordinator Signature _____ For grants/special projects _____
 Program/Grant Number _____

Program Goal/Objective Number/Explanation _____

I/WE hereby certify the payment described above is made in accordance with District Regulation 8323, Section 4, Conflict of Interest, and all other applicable district, state, and federal policies, rules, regulations and laws.

REQUESTED BY:	TYPED/PRINT	DATE	Org Title
			/ / / / / / / /
REQUESTED BY:	SIGNATURE	DATE	Bus Unit Account Fund Dept ID Program SubClass BP Proj/Grant
APPROVED: DEAN OR OTHER AUTHORIZED SIGNATURE	DATE		No. CR \$ <input style="width: 100px;" type="text"/> Amount
			Vendor Code <input style="width: 100px;" type="text"/>

APPROVED: VICE PRESIDENT, ADMINISTRATION DATE

Instructions on Reverse

Instructions for Completing Check Request Form

The check request form is to be used when a payment must be made for a reason other than the purchase of goods or services. Frequent reasons for such payments are listed in the top right-hand corner of the form.

Payee

If you anticipate that this will be a one-time-only payment to this individual or entity, please mark the box below the payee name. A vendor (payee) record will only be established for payees where more than one payment is anticipated.

Deliver Check to/Mail Check

Please indicate where the check is to be delivered (college Business Services Office) or mailed.

Purpose

Please indicate the nature of this payment by checking the appropriate box or, if none are applicable, mark "Other" and provide a brief explanation.

Description

Please provide a complete description of the transaction. Include any timing requirements, such as payment required by, and refer to any applicable district policy and/or regulations for the transaction.

If payment is being made from categorical funds, please indicate the program name and cite the section of the grant or budget document which authorizes the expenditure of funds in this manner. Payments to students should also have documentation supporting the validity of the payment.

For abatements of revenue, such as facility rental refunds, please attach a copy of the receipt given to the payee at the time of payment or other supporting documentation.

Categorical certification must be completed if payment is from categorical funds.

Approval is required before processing.

BusUnit, Account, Fund, Dept. ID, Program, SubClass, BP, Proj/Grant

These fields must be completed.

Invoice #

Please provide a nine-character invoice number that will be printed on the district's remittance advice/check stub. The invoice number should communicate to the payee the reason for the payment.