



CAL STATE L.A. UNIVERSITY AUXILIARY SERVICES, INC.
CONTRACT & GRANT ADMINISTRATION
CHECK REQUISITION

Total Amount Requested	Check Distribution					
	Account	Fund	Organization	Program	Project ID	Amount
\$ _____		900	76000	2002	2	\$ _____
		900	76000	2002	2	
		900	76000	2002	2	
		900	76000	2002	2	
		900	76000	2002	2	

Pay to _____

Address _____

City, State and Zip _____

Type of Expenditure:

- A. Vendor Invoice
- B. Expense Reimbursement
- C. Consultant/Independent Contractor/Lecturer
- D. Travel Form and Travel Approval
(CSLA STD262 and L110)
- E. Stipend (CSLA Coordination of Aid)

PeopleSoft 30 Character Description Field: _____

Reason for expenditure including how it furthers the educational mission of CSULA: _____

- Mail Check
- Mail Check with Attachment
- Call _____ Ext _____ For Check Pick-Up

Individual to be contacted if questions _____ Building/Room # _____ Ext. _____

Authorized by _____ Date _____ Authorized by _____ Date _____

For UAS Accounting Use Only

Auth Sign _____ Doc _____ Funds Avail. _____ Valid Exp. _____ 1099 _____

Vendor ID: _____ Voucher # _____ P.O.# _____ Partial Full

Check Received By _____ Date _____

Date Mailed _____ Mailed By _____

Completing the Check Requisition Form

1. Fill-in Total Amount Requested.
2. Fill-in the PeopleSoft Chartfield values: Account and Project ID number(s) to be charged and the respective amounts.
3. Person or company check is payable to and the complete address. If payee is a person, include the payee's first name, middle initial and last name.
4. Indicate the type of expenditure and attach appropriate completed forms.
5. Enter a 30-character description for this transaction. This description will be entered into PeopleSoft.
6. State why the disbursement is needed; specifically how the disbursement benefits CSULA. This section must be completed if description of item is not clearly indicated on attached invoice or if expense may not be readily seen as within the educational mission of the university.
7. Indicate whether the check should be mailed directly or held for pick-up. Include an attachment if you want it included in a direct mailing of the check. Checks may be picked up only by payee.
8. Sign, date and give your campus address and phone extension to be contacted regarding clarification.
9. The disbursement must be approved by an authorized signer on the account. However, **no one may authorize payment to him/herself**. (Reimbursement to an authorized signer must be approved by his/her supervisor.)
10. Accounting will verify that the criteria established by the account are met as follows:
 - a. That the request is approved by authorized signers.
 - b. That back-up to support the disbursement is attached.
 - c. That funds are available in the account.

Required Documentation (Corresponds to type of expenditure)

1. Attach the vendor invoice and, if applicable, a copy of the purchase order.
2. For reimbursement of out-of-pocket expenses, attach an Expense Reimbursement Detail Form and the original dated receipts or cancelled checks. Reimbursement for luncheon meeting must include names and reason for the luncheon.
3. For payment to outside consultant, independent contractor, or lecturer, attach Services Rendered form and a copy of the standard contract.
4. For reimbursement of travel expenses, attach Reimbursable Travel Approval, Travel Expense Claim (if applicable) along with original receipts.