

CUE CHECK REQUEST

(Please use this form to pay vendors, etc.)

Please type or print legibly

Name to appear on check _____ Social Sec. No. or
Taxpayer/Fed. ID No., (if required*) _____
Address 1 _____
Address 2 _____
City _____ State _____ Zip _____ Phone _____
Is payee an employee of CUE? ___yes ___no

Reason for Expenditure)
Invoice No. _____ (Copy or original invoice required)

Check Distribution: ___Mail ___Pick up ___Mail with enclosures
(pick up or mail location: _____)

Accounting information:

Funding source: ___ Bargaining ___ Local ___ Statewide

Amount requested \$ _____

Approvals

(only local check requests require two authorizing signatures)

Requestor name _____ Signature _____

Authorized by: _____ Signature _____

Authorized by: _____ Signature _____

Your Campus: _____

I hereby certify that all of the information provided on this form is true and correct to the best of my knowledge.

Prepared by _____ Signature _____ Date _____

Daytime phone _____ email address (optional) _____

Submit form to: CUE Bookkeeper
2855 Telegraph Avenue Suite 302
Berkeley, CA 94705

*ss# required for rent and personal services