



CALIFORNIA STATE UNIVERSITY
FULLERTON

IRA CHECK REQUEST

Instructionally Related Activities (IRA)
Fund Administered By Associated Students Inc. CSUF

Date of Request _____

IRA Program Number _____

Name of Program _____

Payee _____ CWID (if applicable) _____

Payee Address _____

Phone _____ E-mail _____

Distribution: Mail Hold for Pickup By: _____
[Note: Checks that are not picked up within two weeks will be mailed.]

Invoice Number	Account Number	Amount
Total:		

Detailed Description of Expenses (itemize all items included in request; attach additional pages if needed):

All requests must be accompanied by scans of original receipts. Transaction receipts/credit card approvals and credit card statements will not be accepted. For assistance with completing this form, please contact the IRA Administration Office at irafunding@fullerton.edu.

I authorize that all attached itemized goods/services have been received by me on behalf of the above IRA program and were used exclusively for legitimate purposes in accordance with the University's policies and procedures. (Note: Requestor signature cannot be the same as the authorized approver signature.)

Requestor:
Print: _____
Signature: _____
Phone # _____

Authorized Approver:
Print: _____
Signature: _____

Return form to: IRA Administration Office | irafunding@fullerton.edu | (657) 278-7456

Office Use Only

W-9 on file Yes No
Vendor Number _____
Budget Checked

Authorized Signature
Verified By

Approved By:
Initial: _____
Date: _____
Processed By: _____