

AGENCY CHECK REQUEST WORKSHEET

CALIFORNIA STATE UNIVERSITY, FULLERTON™ Payee [who receives payment]		Name of Club	Name of Club	
		Agency Account #		
		CWID [req'd	CWID [req'd student/faculty/staff]	
Payee's Current Address [required]				
Phone	E-mail [d	CSUF address for student/faculty/staff]		
Distribution: Mail 🗖 Hold for	Pickup 🗖 [Checks not picked	up within three (3) business days will be maile	ed]	
Receipt/Invoice #/Store Detailed Description (t		1 (to be listed under Memo in Sage)	Amount	
_				
		Total:		
This completed form needs to b ines are to be completed.	e included with the atta		bmitted for each request. All applicable	
 All receipts are to be at number, list the name of 	of the store.	nd each receipt listed on a sepai	rate line. If there is no receipt/invoice	
 If the reimbursements a Complete sales receipts total and amount paid). 	need to be included (re We are unable to acce	the event name and date. ceipts show itemized list of item of transaction approvals, bank/o	ns and costs, subtotal, shipping, sales tax, credit card statements or screenshots of statement will be needed to show proof of	
	•	ase use that student's CWID. se for purchases made with a gif	t certificate or SNAP/EBT benefits.	
• If the vendor is new, pl	ease attach their comple	ed as the Vendor Document Nun eted W-9 with the invoice. s, include their current Certificat		
Treasurer Name		CWI		

Phone _____ CSUF E-mail _____