



CHECK REQUEST
(NON-PAYROLL)

MAKE CHECK PAYABLE TO:

FA 355315

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|----------|---------------------------|
| (1) DATE | (2) ORDER NUMBER |
| | DEPT. CODE CLASS. SFD NO. |

(3) PAYEE AND CHECK DISTRIBUTION

LAST NAME FIRST

INCOME TAX INFORMATION INDIVIDUAL OR PARTNERSHIP
 PRIVACY NOTIFICATIONS: SEE REVERSE SIDE FOR NOTIFICATION PERTAINING TO FEDERAL AND STATE PRIVACY ACTS.
 NOTE: FOR ALL PAYMENTS TO INDIVIDUALS OR PARTNERSHIPS FOR RENTS, ROYALTIES, INTEREST, FELLOWSHIPS, PERSONAL SERVICES, ETC. THAT ARE SUBJECT TO INCOME TAX REPORTING, COMPLETE THE SECTION BELOW:

(4) CALIFORNIA RESIDENT ? YES NO (5) IF ALIEN COUNTRY OF RESIDENCE

(6) HOME ADDRESS IF DIFFERENT FROM MAILING ADDRESS

(7) IS PAYEE A UC EMPLOYEE? YES NO (8) CHECK HERE IF EMPLOYEE WITHOUT SALARY

(9) SOCIAL SECURITY NUMBER OR TAX I.D. NUMBER (10) STATE CODE

| (11) FUND | (12) PROJECT | (13) OBJECT | (14) SOURCE | (15) REFERENCE | (16) AMOUNT |
|-----------|--------------|-------------|-------------|----------------|-------------|
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(22) DESCRIPTION (ENTER VENDOR INVOICE NUMBER, IF AVAILABLE)

TOTAL CHECK REQUEST (21)

OVERPAYMENT

Patient name: _____
 Account no.: _____
 (23) PREPARED BY _____ (24) TELEPHONE _____
 (25) APPROVED BY _____
 (26) DEPARTMENT NAME & BUDGET _____

CR-1U (12/92) ACCOUNTS PAYABLE COPY RETN: 5 YEARS SUBJECT TO CONTRACT & GRANT REQUIREMENTS

EXAMPLE - Q