Architecture Check Request Form

Name: _____ Vendor #: _____

Address: _____ Employee/Student ID #: _____

Please tell us the best way to reach you: _____

Payment Description (Please complete all that apply):

Payment Type: ○ Honorarium ○ Payment of Invoice ○ Reimbursement ○ Room Key Deposit ○ *Other

*If Other, please specify: _____ Amount: _____

Employee: ○ Yes ○ No CA Resident ○ Yes ○ No

Visa type (For non-U.S. citizens): _____
Please include UC W-8BEN & copy of VISA

Brief Description of Expense: (Include Class # or Project Name)

_____

Additional Information for Entertainment Check Requests

Event: _____ Date of Event: _____

Host: _____ Number of Participants: _____
(attach list)

Type of Entertainment: ☐ Food ☐ Music ☐ *Other *If Other, please specify: _____

Purpose of Meeting: _____

Certification of Host

I hereby certify that the above is a true statement, that the expenses claimed were incurred by me on official University business on the dates shown, and that I have attached original receipts for each expense, as required by University policy.

Host's Signature: _____ Date: _____

Name of Account: _____ Account #: _____

Required PI Signature: _____ (Attach Dean Signature form if required)

(rev. 04/07)

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Print Form Reset Form