LOS RIOS COMMUNITY COLLEGE DISTRICT
CHECK REQUEST

PAYEE: _____

(Last Name)   (First Name)
(Print or type exactly as name should appear on warrant)

☐ One-time-only payment to this payee

☐ Deliver Check to: ☐ ☐ ☐ ☐ ☐ ☐
ARC   CRC   SCC   FLC   FM   DO

☐ Mail Check to: _____

_____

_____

If Payee is a student, please provide _____ -- _____ -- _____
Social Security Number

PURPOSE: (Check one)

☐ Payment to Student(s)
   a. Grants
   b. Child Care
   c. Other _____

☐ Revenue Abatement(Refund)
   a. Facility Use
   b. Sports Camp
   c. Community Service
   d. Library Fine

☐ Transfer between District Funds

☐ Cash Transfer - Investment
            Purposes (P-8253)

☐ Other _____
            (Describe)

DESCRIPTION

Payments Charged to Categorical Programs, Grants or Special Projects
This payment is in compliance with the requirements of _____
Program Name

_____ For grants/special projects _____
Program Director/Coordinator Signature   Program/Grant Number

Program Goal/Objective Number/Explanation

I/WE hereby certify the payment described above is made in accordance with District Regulation 8323, Section 4, Conflict of Interest, and all other applicable district, state, and federal policies, rules, regulations and laws.

REQUESTED BY: _____ TYPED/PRINT _____ DATE

REQUESTED BY: _____ SIGNATURE _____ DATE

APPROVED: DEAN OR OTHER AUTHORIZED SIGNATURE _____ DATE

APPROVED: VICE PRESIDENT, ADMINISTRATION _____ DATE

Org Title

Bus Unit	Account	Fund	Dept ID	Program	SubClass	BP	Proj/Grant

No. CR $
                                        Amount

Vendor Code

Instructions on Reverse

Instructions for Completing Check Request Form

The check request form is to be used when a payment must be made for a reason *other than* the purchase of goods or services. Frequent reasons for such payments are listed in the top right-hand corner of the form.

Payee
If you anticipate that this will be a one-time-only payment to this individual or entity, please mark the box below the payee name. A vendor (payee) record will only be established for payees where more than one payment is anticipated.

Deliver Check to/Mail Check
Please indicate where the check is to be delivered (college Business Services Office) or mailed.

Purpose
Please indicate the nature of this payment by checking the appropriate box or, if none are applicable, mark "Other" and provide a brief explanation.

Description
Please provide a complete description of the transaction. Include any timing requirements, such as payment required by, and refer to any applicable district policy and/or regulations for the transaction.

If payment is being made from categorical funds, please indicate the program name and cite the section of the grant or budget document which authorizes the expenditure of funds in this manner. Payments to students should also have documentation supporting the validity of the payment.

For abatements of revenue, such as facility rental refunds, please attach a copy of the receipt given to the payee at the time of payment or other supporting documentation.

Categorical certification must be completed if payment is from categorical funds.

Approval is required before processing.

BusUnit, Account, Fund, Dept. ID, Program, SubClass, BP, Proj/Grant
These fields must be completed.

Invoice
Please provide a nine-character invoice number that will be printed on the district's remittance advice/check stub. The invoice number should communicate to the payee the reason for the payment.