

**SAN FRANCISCO ART INSTITUTE  
CHECK REQUISITION FORM**

Date Requested:

Date Needed:

Ordering Department:

Vendor Name:

Contact:

Address:

Telephone:

Fax:

Social Security Number (only for payments to an individual) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Check one:

Reimbursement (attach receipts)

Business Purpose: \_\_\_\_\_

Visiting Artist/Honoraria on Date(s) \_\_\_\_\_

Travel advance

Business Purpose: \_\_\_\_\_

Other (describe) \_\_\_\_\_

Charge Account Numbers Below

Charge Amount

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
\$ \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
\$ \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
\$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Mail check to above address

Hold check for pick-up

\_\_\_\_\_  
Requestor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Budget Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Division Head

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Controller Signature

Date

***For Accounting Office Use Only***

P.O. # \_\_\_\_\_ Vendor # \_\_\_\_\_ Purchase Amount \_\_\_\_\_

Available Balance(s) \_\_\_\_\_

Account Numbers \_\_\_\_\_