

VENDOR ADVANCE REQUEST
GS-16A (REV 4/22/09)

Mail to: Office of Fiscal Services
SRF Fiscal Services MS-407
707 Third Street, 10th Floor
West Sacramento, CA 95605

1. ACCOUNTING FLEXFIELD/PROJECT CODING

a. Accounting Flexfield

FUND/OFFICE	COST CENTER	ACCOUNT	ACTIVITY	FISCAL YEAR	NOT IN USE

b. Project Coding

PROJECT #	TASK
EXPENDITURE TYPE	FISCAL YEAR

2. PAYEE INFORMATION

PAYEE NAME	ABMS Supplier #	AMOUNT	
		\$	
ADDRESS (pay-site as shown in ABMS Supplier File)	CITY	STATE	ZIP CODE

3. REASON FOR CHECK

TRAINING / CONFERENCE (see instructions & attach GS-1090 or STD-697)

POSTAGE / UPS (Location or Meter Number)

OTHER (see instructions)

4. RELEASE CHECK

MAIL TO PAYEE OFFICE PICKUP (Authorized employee name and phone # per DGS-1 for Check Pickup)

OTHER (describe)

5. FROM DGS OFFICE

OFFICE NAME	CONTACT PHONE NUMBER	
PREPARED BY	DATE	
AUTHORIZED BY (print name) (DGS-1 on file)	SIGNATURE	DATE

FOR ACCOUNTING USE ONLY

REVIEWED BY	DATE	
CHECK RELEASED BY	DATE	CHECK NUMBER
		CHECK DATE

DISTRIBUTION: Mail original and 1 copy to SRF Fiscal Services. Maintain copy for Office records.