

**VENDOR CHECK REQUEST  
(FOR OFFICE REVOLVING FUND CHECK)**

GS-16 (Rev. 10/01)

SUBMIT TO: OFFICE OF FISCAL SERVICES  
PAYMENTS UNIT (IMS Z-1)  
707 3rd Street, 10th Floor  
WEST SACRAMENTO CA 95605

**CASHIERS USE ONLY**

OFFICE	CHECK DATE	CHECK NUMBER
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**PROJECTS AND ACCOUNTING FLEXFIELD**

**1a. PROJECT CODING**

PROJECTS	TASK
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EXPENDITURE TYPE	FISCAL YEAR
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**1b. ACCOUNTING FLEXFIELD**

FUND			COST CTR			ACCOUNT			ACTIVITY			FISCAL YEAR			NOT IN USE					
0															0	0	0	0	0	0

**OFFICE ORIGINATING REQUEST**

**2. PAYEE**

ORGANIZATION / ATTN. / CARE OF	AMOUNT
	\$
ADDRESS (Number) (Street)	
(City) (State) (Zip Code)	

FEDERAL TAX I.D.

**3. REASON FOR CHECK (Check Appropriate Box)**

TRAINING  POSTAGE / UPS  
(Location or Meter Number) \_\_\_\_\_

OTHER (Describe) \_\_\_\_\_

**4. RELEASE CHECK (Check Appropriate Box)**

MAIL TO PAYEE  OTHER (Describe) \_\_\_\_\_

OFFICE / DIVISION PICKUP \_\_\_\_\_

**5. FROM OFFICE / DIVISION**

OFFICE / DIVISION NAME	PHONE
PREPARED BY	DATE
* AUTHORIZED BY	DATE

**PAYMENTS USE ONLY**

PAYMENT SUPERVISOR	DATE
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\* Requires DGS - 1 authorization