

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.