

**VENDOR CHECK REQUEST**

(FOR OFFICE REVOLVING FUND CHECK)

GS 16B (REV. 2/02)

Submit to: Department of General Services

Contracted Fiscal Services

CFS Payments Unit (IMS Z-1)

707 THIRD ST 6TH FLOOR

W. Sacramento, CA 95605

**CASHIERS USE ONLY**

FUND 100	SUB FUND 200	AGENCY	CHECK DATE	CHECK NUMBER
			PURCHASE DOCUMENT NUMBER (If Applicable)	DATE RELEASED

**AGENCY ORIGINATING REQUEST****1. PAYEE**

NAME	AMOUNT
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ADDRESS (Number) (Street)

(City) (State) (Zip Code)

FEDERAL TAX I.D.

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

TRAINING

POSTAGE / UPS

(Location or Meter Number) \_\_\_\_\_

**3. EXPENSE CODE**

ENTER THE CALSTARS / PC EXPENSE CODE FOR WHICH THIS EXPENDITURE WILL BE CHARGED

INDEX	OBJECT	SUF	PCA

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

MAIL TO PAYEE

OTHER \_\_\_\_\_

AGENCY PICKUP

CHECK NEEDED BY \_\_\_\_\_

**5. FROM AGENCY**

AGENCY NAME	PHONE NUMBER
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PREPARED BY	DATE
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*AUTHORIZED BY	DATE
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**PAYMENTS USE ONLY**

PAYMENTS SUPERVISOR	DATE
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ADMINISTRATOR APPROVAL	DATE
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\* Requires GS-111 authorization for Intra Office Requisition (STD.5)