CLAREMONT COLLEGES REQUEST FOR CHECK Select an Organization

Pay To Select One			MPLOYEE		Tree	asurer's Office Autho	rization	
				-	Trea	surer's Office Check	Pick Up	
Mail To								
-							7	
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SS# or TAX LD					VEND	OR NO:		
Account To Credit					P	ROCESS DA	TE	
Account 10 Credit					— F(OR A/P USE ON	ĪLY	
	 NON CALIFORNIA RESIDENT - Independent Contractor Withhold at prevailing IRS rate. Payment will not exceed \$1,500 for the calendar year. FTB Form 590 (Witholding Exemption Certificate) has been submitted and verified by school, copy attached. IRS Form W-38EN is attached. Other IRS Form is attached. 							
Reason for Payment								
-								
				Approved By		Date		
Prepared By		Extension						
				Pr	int Name			
						TEAM REVIEW		
	Invoice	Invoice				Account Num	ber	
Commodity Code	Number MAX 10 CHARACTERS	Date 6 DIGITS	Amount	Description MAX 20 CHARACTERS	FUND 3 DIGITS	UNIT 7 digits	OBJECT 4 DIGITS	
eoue	MAA 10 CHARACTERS	0 010113	Tiniount	MAA 20 CHARACTERS	3 010113	/ DIGITS	4 DIGI13	
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		TOTAL	0.00					

ATTACH ORIGINAL INVOICES or DOCUMENTATION

TREASURER'S OFFICE

PICK UP