LA SIERRA UNIVERSITY CHECK REQUEST FORM

	~	Mail check
Γ		Hold for pick up

Send to Accounts Payable
If Payee is an LSU Employee Send to Payroll
Please do not use this form with an Invoice
Please use an Expense Report Form for all Reimbursements

Please Type	or Prin	nt					To - :- Lo t- North		
Name/Payee	U.S.G.P	P.O.					Social Security Number:		
Mailing Address Superintendent of Documents						LSU ID Number:			
City, State, and "ZIP"	Washing	gton, DC 2040)2						
K	itty Sim	imons					Date September 8, 2011		
Requested by: Acquisitions Department:					Telephone Ext.: X2515				
Approved by: (Dept. Head)						Date			
Approved by: (Administrator)						N	Date 9/8/11		
	Honorarium Travel Advance Services rendered, work Scholarship V Other			ed, work, o	work, contract pay, etc.		APPROVED SEP 15 2011 DUPLICATE 201-		
		Fund	Org	Acco	unt	Program	Amount		
Account:	#	92001	2610	77005			s 100.00		
	#		-	-			\$		
	#						\$		
	#						\$		
				Total chec	k Amour	t:	\$100.00		
Description:	For De	eposit Accour	nt						
Accounting Use Only									
ndor Number									
curnent Number									
	I								

Pay Date

DEPOSIT ACCOUNT STATEMENT

UNITED STATES GOVERNMENT PRINTING OFFICE SUPERINTENDENT OF DOCUMENTS WASHINGTON, DC 20402

			DATE	ACCOUNT NUMBER
	LA SIFRRA UNIV LIBRARY ACQUISITION	\neg	ΔUG 31 11	01.3334-8
	4700 PIERECE ST RIVERSIDE CA		CHECK FOR ADDRE	
	92515	1		
Transaction				
1 0	\$, I O O.			

To replenish your Deposit Account, return the upper portion of this Statement with your check. Please indicate the amount of your remittance in the space provided. USE YOUR COMPLETE ACCOUNT NUMBER ON ALL CORRESPONDENCE AND ORDERS.

DATE	DATE BATCH ID ORDER NUMBER		R NUMBER	STOCK NUMBER	AMOUNT	
08-30	11242S0 Z7 99	ZGM/2011	LASIE700L		30.00	
ACCT-NE 013334						
			,			
OPENI	NG BALANCE T	OTAL POST/HDLG	TOTAL SALES	TOTAL DEPOSITS	CLOSING BALANCE	
	,	SEE REVERSE S	BIDE FOR INFORMATION	CONCERNING STATEMENT.		