

**SANTA ANA COLLEGE FOUNDATION
ACCOUNT TRANSACTION REQUEST FORM**

Check turnaround is 7-10 business days. Insufficient data may cause further delays.

FISCAL YEAR _____ ACCOUNT NAME: _____

REQUEST FOR CHECK: BE SURE TO ATTACH ORIGINAL RECEIPTS, INVOICES, EVENT FLYERS, AND ALL REQUIRED FORMS.

Amount \$ _____ Check No. _____ Datatel GL Acct # _____ Voucher # _____

Check Payable to: _____

Datatel ID: _____

Address: _____

Purpose of Check: NOTE: BE SPECIFIC: _____
Indicate below if this is to be a reimbursement, purchase of supplies/equipment etc.
(This includes closure of account)

NOTE TO REQUESTOR: PLEASE VERIFY FOR SUFFICIENT BALANCES IN THE ACCOUNT AND ATTACH A BUDGET CHANGE FORM IF NEEDED.

ATF REQUESTOR, PLEASE CIRCLE ANSWER:

For All New Vendors: Is W-9 (On File/Requested)? **Is vendor a Sole Prop, Partnership, Corporation, LLC ?**

For Independent Contractor payments : Is Contract on File? (YES/NO) **Is insurance certificate on file? (YES/NO)**

Is contractor receiving \$600 or more in a calendar year? (YES/NO) **Will a 1099 misc form be filed (YES/NO)**

FOR DEPOSITS

FISCAL YEAR _____ ACCOUNT NAME: _____

_____ **DEPOSIT INTO EXISTING ACCOUNT** Bank _____

Check _____ CC _____ Cash _____ Receipt # _____ Deposit Date _____

Amount \$ _____ Check No. _____ Acct # _____

Purpose: _____

FOR TRANSFERS AND/OR JOURNAL ENTRIES

FISCAL YEAR _____ ACCOUNT NAME: _____

_____ **TRANSFER OF FUNDS and/ or JE** Bank _____ Transfer Date _____

From: _____ To: _____

*Note: Include Account Name Number if NEW account, must be accompanied by NEW ACCOUNT REQUEST FORM
also indicate below which Bank Accounts are affected by the transfer if any.*

DEBIT	CREDIT

ACCT #	AMOUNT	ACCT #	AMOUNT

Purpose: _____

**Note: For Multiple transactions affecting Deposits, Transfers and or JE's, a standard Cash Receipts & JE forms can be attached.
All account activity MUST be authorized by appropriate account administrator.**

Requestor _____ Date _____

Foundation Director _____ Date _____

Authorized Signer (2nd approval) _____ Date _____

Processed by _____ Date _____