



SPECIAL CHECK HANDLING



Vendor Name: _____ Payment Due Date: _____
(System Assigned)

Preparer Name: _____ Vendor Number: _____
(Can not be the person who picks up check)

Preparer Phone: _____ Document #: _____

Preparer Email: _____ Check Amount: \$ _____
(Enter numerical values only)

Check One: Hold for pickup * Send check to temporary address Enclosure (Attached)

Pickup By: _____ Name: _____
(Can not be form preparer) Temporary Address: _____

Phone: _____

Comments:

Once completed, forward form to Accounts Payable via campus mail or via fax 831-459-5037
Form must be received in Accounts Payable 2 working days prior to payment due date.

*If permanent address change or addition, please contact FAR (finpolicy@ucsc.edu) to update database.

SEND CHECK TO:

TO: _____
