



Check Request

(NON-PAYROLL)

U5-8 (R7/91)

MAKE CHECK PAYABLE TO (Mailing Address)

NAME
STREET
CITY
STATE
ZIP (2+ 42)

Melinda Kellog
QUEST

NO
roy
sal
bur

HOME

IS PAYEE A U.C. EMPLOYEE	NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>	CHECK HERE IF EMPLOYEE WITHOUT SALARY	<input type="checkbox"/>	DATE	9/6/92
RESIDENT OF CALIFORNIA?	NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>	IF ALIEN COUNTRY OF RESIDENCE		SOCIA	

IN PAYMENT OF (U. C. ORDER NO. IF ANY _____)

Stipend, Participation in Outreach Program

\$1,560.00

COPY

NAME OF BUDGET TO BE CHARGED (Write Account No. Below)		PREPARED BY		EXTENSION	APPROVED BY	AUDITED BY (Authorized Signature)			
QUEST		Heidi Pitts		3742	James L. Merz, Director				
ACCOUNT TO BE CHARGED		STATE	INVOICE DATE	VENDOR'S INVOICE NO.	PURCHASE ORDER NO.	VENDOR NO.	TAXPAYER I.D. NO.	NET CHARGES	
ACCOUNT	FUND								SUB
3 4	8 784950	9 10 14 15	16 19	20	24 25 27	42 43	48 49 50 51 52 53 54 55 56 57 58 59 60 61	68 69 72 73	80
	8 784950	21938	5						
	8 448950	21938	7						156000

RETN: ACCOUNTING: 5 YEARS SUBJECT TO CONTRACT AND GRANT REQUIREMENTS
OTHER COPIES: 0-5 YEARS

PAYEE'S COPY