



# Entertainer Check Request

Please complete **ALL** information requested.

Submit to A.S. Business Office; Rm. 168, lower level Aztec Center **AT LEAST TWO MONTHS** before event date.

Contract will be mailed to the performer.

Name of person filling out check request (print name): \_\_\_\_\_

Phone # \_\_\_\_\_ Email address \_\_\_\_\_

Check to be picked up from A.S. Business Office by (Print name): \_\_\_\_\_

Check to be mailed **AFTER** completion of engagement (**SIGNED** contract MUST be on file in Business Office).

**NAME OF ENTERTAINMENT GROUP** \_\_\_\_\_

Street Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Date of Event \_\_\_\_\_ Start Time of Event \_\_\_\_\_ End Time of Event \_\_\_\_\_

Location of Event \_\_\_\_\_

Leader of Entertainment \_\_\_\_\_ Number in Entertainment Group \_\_\_\_\_

Entertainment Description \_\_\_\_\_

**NAME OF LECTURER(S)** \_\_\_\_\_

Street Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Date of Event \_\_\_\_\_ Start Time of Event \_\_\_\_\_ End Time of Event \_\_\_\_\_

Location of Event \_\_\_\_\_

Topic of Lecture \_\_\_\_\_

Publications \_\_\_\_\_

Present Position \_\_\_\_\_

Entertainer/Lecturer(s) Resident of California?  Yes  No

Amount of Check \_\_\_\_\_ Payable to \_\_\_\_\_

590  1099  FEIN  SSN \_\_\_\_\_

Street Address of Payee \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Room Reservation has been approved (AS Meeting Services)  Yes  No

\_\_\_\_\_  
REQUESTER'S SIGNATURE

\_\_\_\_\_  
ACCOUNT SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
ASSOCIATE DIRECTOR'S SIGNATURE

CASE Account Name \_\_\_\_\_ CASE Account Number \_\_\_\_\_

OR

Club Account Name \_\_\_\_\_ Club Account Number \_\_\_\_\_

FOR ACCOUNTING USE ONLY:

Check Number \_\_\_\_\_ Date \_\_\_\_\_ Entered by \_\_\_\_\_ Date \_\_\_\_\_