SDCCD REQUEST FOR SPECIAL HANDLING
24 HOURS NOTICE REQUIRED FOR ALL REQUESTS

PLEASE SEND THIS (Fillable) FORM TO: **APspecialhandling@sdccd.edu**

TO: Accounts Payable   FROM: _____

Re: Special Handling of the following warrants to be (Check only one)

       Picked up at the District Office (Notify me at Phone/email)_____

       Pulled and Forwarded to the following Campus/Room _____

Date of Warrant (For AP staff use only) _____

Please indicate which of the following payments wherein a Special Handling Request is automatically allowed upon submission of this form:

       Payroll/benefit deductions processed on the 10th and end of the month

       Legal case settlements

       Taxes, licenses and permits

       Student financial aid checks **MUST** be justified (below) if not listed on pull report generated by system.

       Scholarship grants that will be handed to recipients

       Prepayment to San Diego Transit to purchase bus passes

       Prepayment to USPS to replenish postage meters

       Checks for payment to presenter, caterers and other contractors for district organized special events held at SDCCD campuses,

       upon completion of services and/or delivery or merchandise. **Does not include SDCCD Employees.**

       Checks requested by Human Resources such as computer loan, Medicare reimbursement to retirees, etc.

       Special handling request from the Board/Chancellor's office, Vice Chancellor, College President and Vice President

Supplier/Employee ID	Supplier/Employee Name	Warrant No. For AP staff use only	Amount
1._____	_____	_____	_____
2._____	_____	_____	_____
3._____	_____	_____	_____
4._____	_____	_____	_____
5._____	_____	_____	_____
6._____	_____	_____	_____
7._____	_____	_____	_____
8._____	_____	_____	_____
9._____	_____	_____	_____

JUSTIFICATION: If your request does not fall into one of the categories listed above, please provide justification as to why the above checks should be pulled for special handling. This will be referred to Fiscal Services for review and approval on a case-by-case basis.

Received by:_____   Date:_____