



STUDENT ORGANIZATION **BANKING HANDBOOK**



Organization Name: _____

Account Number: _____

Cultural Fund Account Number (if applicable): _____

College Council Account Number (if applicable): _____

Academic Year: _____

IMPORTANT DATES:

Banking Training dates: as.sdsu.edu/stu-org-funding/banking

Fall RSO Renewal Cycle May 1st – September 1st

Spring RSO Renewal Cycle December 1st – February 1st

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GENERAL INFORMATION

This Banking Handbook will provide information regarding the RSO recognition process as well as banking procedures and A.S. funding opportunities for student organizations.

For an organization to become officially recognized, there are two requirements:

Requirement 1: Complete banking requirements through Associated Students.

Requirement 2: Complete recognition requirements through the Center for Student Organizations and Activities.

STUDENT ORGANIZATION BANKING POLICY

Effective July 1, 2016 California State University guidelines require Recognized Student Organizations (RSOs) to obtain an account with Associated Students (A.S.). External bank accounts (i.e., U.S. Bank, Bank of America, Wells Fargo, etc.) can no longer be used for the financial management of RSOs.

STARTING THE RECOGNITION PROCESS

To become a Recognized Student Organization, certain requirements must be met. Details regarding these requirements can be found on the [Center for Student Organizations and Activities website](#)¹.

ASSOCIATED STUDENTS BANKING CONTACT INFORMATION

- A.S. Front Desk: (619) 594-6555
- A.S. Hours of Operation: Monday - Friday, 8:00am-4:30pm
- Student Organization Accounts Specialist: Diana de la Rosa
- Office Hours: Monday - Friday, 9:00am-3:00pm
- Phone: (619) 594-1465
- Email: as.RSObanking@sdsu.edu

¹ sacd.sdsu.edu/student-life-leadership/student-organizations

BANKING REQUIREMENTS

BANKING WITH ASSOCIATED STUDENTS

Associated Students provides three banking options. RSOs must select one of the following options:

Option #1: On-Campus Banking

- On-Campus banking allows organizations to manage their financial operations through A.S. This includes making deposits, requesting account information, paying vendors, and more.
- To qualify for On-Campus Banking, RSOs must complete the following:
 - Submit an Account Application and Agreement form.
 - VP of Finance/Treasurer must attend a Banking Training session.

Option #2: Off-Campus Banking

- Banking Off-Campus allows organizations to manage their financial operations through their national organization. A.S. will not manage financial activities for these RSOs.
- To qualify for Off-Campus Banking, the RSO's national organization must provide the following:
 - A signed letter (on letterhead) confirming that the RSO is an active chapter in good standing.
 - Proof of recent tax reporting (IRS 990 Form, 990-EZ Form, or 990-N e-Postcard from the year prior of application).

Option #3: No Banking

- The No Banking option is for organizations that do not intend to collect or keep funds or have expenditures. There is no documentation or banking training required.

BANKING OPTIONS BENEFITS

On Campus Banking	Off Campus Banking	No Banking
<ul style="list-style-type: none"> • Facilitated through Associated Students • Electronic deposits available (Dues only) • No tax filling required • Fall under non-profit status of Associated Students 	<ul style="list-style-type: none"> • Financial management facilitated by the RSO and their national organization • Tax reporting required 	<ul style="list-style-type: none"> • No financial activities

ON CAMPUS BANKING REQUIREMENTS

BANKING TRAINING – only required for On-Campus Banking

If On-Campus Banking is selected, the VP of Finance/Treasurer must attend a banking training session (one session per academic year is required regardless of previous attendance). The VP of Finance/Treasurer for multiple organizations only need to attend one banking training session. A list of banking training dates can be found on [Banking Page of A.S. website](#) ².

While the President is not required to attend banking training, we highly recommend that the President also attend a session.

ACCOUNT APPLICATION AND AGREEMENT FORM

The Account Application and Agreement form identifies the three RSO officers who are authorized to request banking transactions and account information. These designated officers are: President, VP of Finance/Treasurer, and Faculty Advisor.

There are two options for submitting the Account Application and Agreement form:

- In-person/Manually: Forms may be submitted in-person at the A.S. office located on the third floor of the Aztec Student Union building (suite 320) or by email to as.RSObanking@sdsu.edu. Please contact as.RSObanking@sdsu.edu to obtain the PDF version of the form.
- Electronically: The [Account Application and Agreement form](#) ³ on the A.S. website is an Adobe Sign form that will automatically be emailed to as.RSObanking@sdsu.edu once all 3 signers have signed the form. This form must be started by the VP of Finance/Treasurer and signed in the following order:
 - VP of Finance/Treasurer
 - President
 - Faculty Advisor

As stated in the instructions at the top of the form, all signatures must be drawn. We are not accepting pre-made signatures created by Adobe. See sample below.



² as.sdsu.edu/stu-org-funding/banking

³ sandiegostate.na1.documents.adobe.com/public/esignWidget?wid=CBFCIBAA3AAABLblqZhD-BrMmdKS2DULZ_ulppy16MbsFJ74hUtXDclvHrdQ5D2i5hWFelqyOGgc9_7dNS_E*

OFF CAMPUS BANKING REQUIREMENTS

RSOs that select [Off Campus Banking](#) ⁴ must upload the IRS 990 form and the National Chapter Letter to their online RSO application.

IRS 990 FORM

- A. If the national organization files a group tax return, the RSO must submit their national organizations most recently filed IRS 990 form.
- B. If the local chapter files taxes independent of the national organization, the RSO must submit their most recently filed IRS 990-EZ form or 990N (e-postcard) confirmation receipt.

NATIONAL CHAPTER LETTER

A letter from the national organization (example below) must be signed, dated and on the national organization's letterhead.

National Organization Letterhead
Address
Website

[Date]

Associated Students of San Diego State University
Attn: Student Organization Accounts Specialist
5500 Campanile Dr. suite 320
San Diego, CA 92182

To whom it may concern,

This letter serves to confirm that **[Chapter Name here]** Chapter at San Diego State University is an active subordinate of **[National Organization's Name here]** and is included in a group tax filing. **[National Organization's Name here]** is a 501 (c) () organization and is exempt from federal income tax.

The tax ID number for **[National Organization's Name here]** is:
The tax ID number for **[Chapter Name here]** is:

Signature of Contact Person

[Contact Person's Name & Title]
[Contact Phone number]
[Contact Email]

⁴ as.sdsu.edu/stu-org-funding/banking/samples

CENTER FOR STUDENT ORGANIZATIONS & ACTIVITIES

GENERAL INFORMATION

The RSO renewal process is facilitated through the [Center for Student Organizations and Activities](#)⁵ (CSOA). RSO's renewal is valid for one academic year, and RSO can choose their application cycle. There are two RSO application cycles: Fall and Spring.

- Fall Cycle: May 1st -September 1st
- Spring Cycle: December 1st - February 1st

Student organizations will lose their “*Conditional Recognition*” status if outstanding items are not completed within two weeks of receiving the status.

STUDENT LIFE ADVISING

CSOA has Student Life Advisors assigned to all RSOs by category. The Student Life Advisors assist RSOs with the recognition process, RSO application, scheduling events, applying for College Council membership and more.

Advisor Name	Organization Category	Email
Dana H. & Lexy N.	Academic Major Honor Societies Imperial Valley Campus	dhaxby@sdsu.edu lcnguyen@sdsu.edu
Ben M.	Fraternity and Sororities Chapters Councils Auxiliary Groups	bcmendoza@sdsu.edu
Kayla W. & Tyler L.	Cultural Political Recreational Religious	kawilkins@sdsu.edu tjlum@sdsu.edu
Brookland G.	Service & Support	bgordon@sdsu.edu
Liana M.	Leadership	lmartin3@sdsu.edu

(Updated July 2024)

CONTACT INFORMATION

- Email: sll@sdsu.edu
- Phone Number: (619) 594-5221
- Office: Aztec Student Union, Suite 220

⁵ sacd.sdsu.edu/student-life-leadership/student-organizations/start-renew

FINANCE

DEPOSITS AND REVENUE

RSO members can make an electronic deposit for DUES ONLY through [A.S. Cashnet](#) ⁶.

All other deposits must be made in-person at the A.S. Office located on the 3rd floor of the Aztec Student Union building, suite 320. Banking hours are from 9:00am to 3:00pm, Monday to Friday.

Student organization funds MAY NOT be collected or kept through a personal Venmo, PayPal, Zelle account, or other payment platforms. Keeping petty cash is also not permitted. All checks for deposit must be payable to Associated Students.

PURCHASES AND REIMBURSEMENTS

All financial transactions for RSOs who bank on campus will be processed by Associated Students.

There are three types of purchase methods available:

1. Out-of-Pocket Reimbursement (for purchases already made)
2. Invoices (to request direct payment to vendors)
3. P-Card purchase (to request the use of the student organization credit card)

All three options require a [Student Organization Check Request](#) ⁷ form and itemized receipt(s).

CHECK REQUEST DEADLINE

Generally, if an approved check request is received by Monday at 12 pm, a check will be available for pick up or will be mailed out on Friday of the same week.

To confirm if a check is available for pick up, contact the A.S. Front Desk at (619) 594-6555.

IMPORTANT THINGS TO REMEMBER WHEN COMPLETING A CHECK REQUEST FORM:

- **Read the instructions at the top of the form.**
- Fill in all lines that are required (*).
- Indicate your preferred Check Delivery Method.
- Enter full account number and expense code for each requested amount.
- Enter your advisor's information.
- Save in PDF format.
- Receipt(s) must be **itemized** and **show proof of purchases**.
- Submit your check request form and receipt(s) to advisor/approver for review and approval.

⁶ as.sdsu.edu/stu-org-funding/banking

⁷ as.sdsu.edu/useruploads/files/forms/checkrequest-studentorg.pdf

Examples of receipts:



NOT ACCEPTED
(Non-itemized)



ACCEPTED
(Itemized & proof of payment)

COMMONLY USED EXPENSE CODES

5000	Supplies	6175	Social Activities
5100	Dues/Subscriptions	6256	Parking Fee
5520	Food	6400	Promotions
6125	Travel	6490	Board Relation

Example of Student Organization Check Request coding: **0-19-111-5000**

- 0-19: All RSO account numbers begin with these numbers
- 111: RSO 3-digit account number
- 5000: Expense coding (indicates the type of purchase)

Example #1: Out-of-Pocket Reimbursement

Vendor ID _____

Student Organizations
Check Request

Requester: Complete the entire form including the name and email of the Authorized Approver. Then email the completed form and receipt(s) to the Student Organization Authorized Approver for review & approval.

Authorized Approver: Review documents, forward requester's email with a statement of approval to: as.RSObanking@sdsu.edu.

NOTE: ALL ASTERISKED (*) FIELDS MUST BE COMPLETED.

* Date of Request: 10/31/2024 Invoice Date: _____ Invoice # (if applicable): _____

* Name to Whom the Check is Payable (Payee): Jane Doe

* Off Campus Address: 1234 Main Street

* City/State/Zip: San Diego, CA 92115 * Payee Phone: 619-594-1234

* Student Organization Name: Student Organization Name

* Check Delivery Method: Mail Pick-up Name: Jane Doe

* Expense Purpose (For food, entertainment, clothing, or awards expenses, please explain who received the benefit and why)

* For gift cards, include recipient names and amounts.

The food is for the first general body meeting, with expected 30 people to attend. The meeting will provide potential new members to learn more about the organization. The food expense is \$179.81 from The Habit, with 13 burgers and 5 fries.

A.S. ACCOUNTING USE ONLY	All student organization account numbers begin with 0 - 19 - XXX - XXXX *Enter your account coding below	* \$ Amount
<input type="checkbox"/> Update Address	<u>0-19-123-5520</u>	<u>179.81</u>
<input type="checkbox"/> Budget & RSO Status Verified	_____	_____
	_____	_____
	*Total \$	<u>179.81</u>

* Expense Description: Food for GBM

* Requester's Name (please print): John Doe

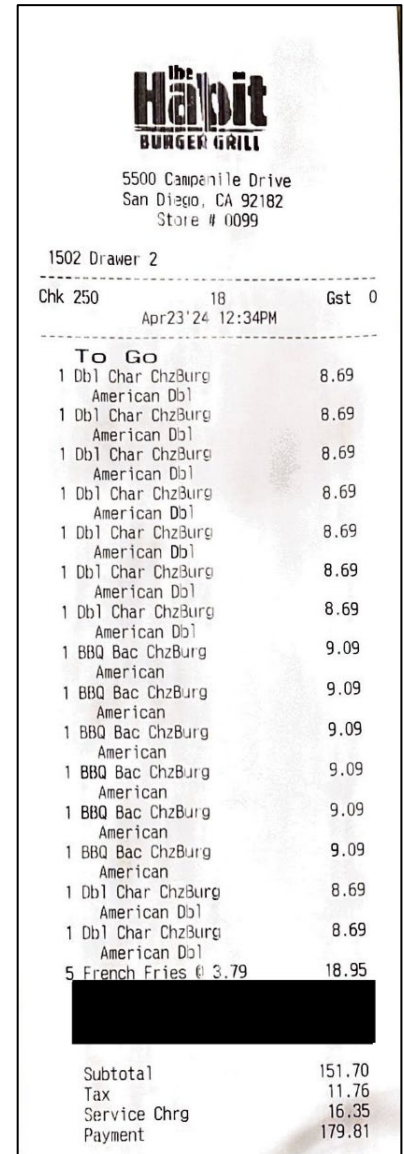
* Requester's Phone #: 202-123-4567 Requester's E-mail Address: jdoe@sdsu.edu

* Advisor/Approver Name (please print): Jason Doe

* Advisor/Approver E-mail Address: jason.doe@sdsu.edu

** For help with account information and coding email: as.RSObanking@sdsu.edu

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Example #2: Invoice Payment (Payee is the vendor)

Vendor ID _____

Student Organizations
Check Request

Requester: Complete the entire form including the name and email of the Authorized Approver. Then email the completed form and receipt(s) to the Student Organization Authorized Approver for review & approval.

Authorized Approver: Review documents, forward requester's email with a statement of approval to: as.RSObanking@sdsu.edu.

NOTE: ALL ASTERISKED (*) FIELDS MUST BE COMPLETED.

* Date of Request: 10/31/2024 Invoice Date: _____ Invoice # (if applicable): 77680

* Name to Whom the Check is Payable (Payee): Jane Doe

* Off Campus Address: 1234 Main Street

* City/State/Zip: San Diego, CA 92115 * Payee Phone: 619-594-1234

* Student Organization Name: Student Organization Name

* Check Delivery Method: Mail Pick-up Name: Jane Doe

* Expense Purpose (For food, entertainment, clothing, or awards expenses, please explain who received the benefit and why)
 * For gift cards, include recipient names and amounts.

The apparel is for the first general body meeting, with expected 5 people to wear. The apparel will be used by the Executive Officers to promote the first meeting, as well as tabling events. The cost for the apparel will be \$413.76.

A.S. ACCOUNTING USE ONLY	All student organization account numbers begin with 0 - 19 - XXX - XXXX *Enter your account coding below	*\$ Amount
<input type="checkbox"/> Update Address	<u>0-19-123-5000</u>	<u>413.76</u>
<input type="checkbox"/> Budget & RSO Status Verified	_____	_____
	*Total \$	<u>413.76</u>

* Expense Description: Supplies for GBM

* Requester's Name (please print): John Doe

* Requester's Phone #: 202-123-4567 Requester's E-mail Address: jdoe@sdsu.edu

* Advisor/Approver Name (please print): Jason Doe

* Advisor/Approver E-mail Address: jason.doe@sdsu.edu

AS
ASSOCIATED STUDENTS
SOUTH COAST UNIVERSITY
**For help with account information and coding email: as.RSObanking@sdsu.edu

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FRESH PRINTS

Invoice # 77680
Created on: Feb 27, 2023

Transaction To: **Madison**

Amount Due: **\$ 413.76**

Due Mar 29, 2023

Payment Options

Wire Transfer

Pay with the Transfer ID in the memo to

Name on the A/c	Account #
Fresh Prints LLC	483097031421
Bank Routing #	Bank Name
021000322	Bank of America

Check

Mail a check with Invoice # to:

Fresh Prints LLC
P.O. Box 412063
Boston, MA 02241

Zelle

Pay with the Invoice # in the memo to
finance@freshprints.com

Debit or Credit Card

Click [here](#) to pay

Product Name	Qty.	Price	Total
White Alternative - Women's Vintage Jersey Hoodliner Crop Tee 5114	12	\$32.00	\$384.00
		Shipping	\$ 0
		Sales Tax	7.75%
		Tax Amount	\$ 29.76
		Final Price	\$ 413.76
		Total Paid	\$ 0.00
		Total Due	\$ 413.76

Example #3: P-Card Purchase (Payee is the vendor)

Vendor ID _____

Student Organizations
Check Request

Requester: Complete the entire form including the name and email of the Authorized Approver. Then email the completed form and receipt(s) to the Student Organization Authorized Approver for review & approval.

Authorized Approver: Review documents, forward requester's email with a statement of approval to: as.RSObanking@sdsu.edu.

NOTE: ALL ASTERISKED (*) FIELDS MUST BE COMPLETED.

*Date of Request: 10/31/2024 Invoice Date: _____ Invoice # (if applicable): _____

*Name to Whom the Check is Payable (Payee): Amazon - P-card Purchase

*Off Campus Address: 410 Terry Ave N

*City/State/Zip: Seattle, WA 98309 *Payee Phone: 520-594-1234

*Student Organization Name: Student Organization Name

*Check Delivery Method: Mail Pick-up Name: _____

*Expense Purpose (For food, entertainment, clothing, or awards expenses, please explain who received the benefit and why)

*For gift cards, include recipient names and amounts.

5 shirts for exec board members, table clothes for tabling events.

A.S. ACCOUNTING USE ONLY	All student organization account numbers begin with 0 - 19 - XXX - XXXX	* \$ Amount
<input type="checkbox"/> Update Address	*Enter your account coding below <u>0-19-123-5000</u>	<u>119.99</u>
<input type="checkbox"/> Budget & RSO Status Verified	_____	_____
	_____	_____
	*Total \$	<u>119.99</u>

*Expense Description: T shirt and table clothes / P-card invoice

*Requester's Name (please print): John Doe

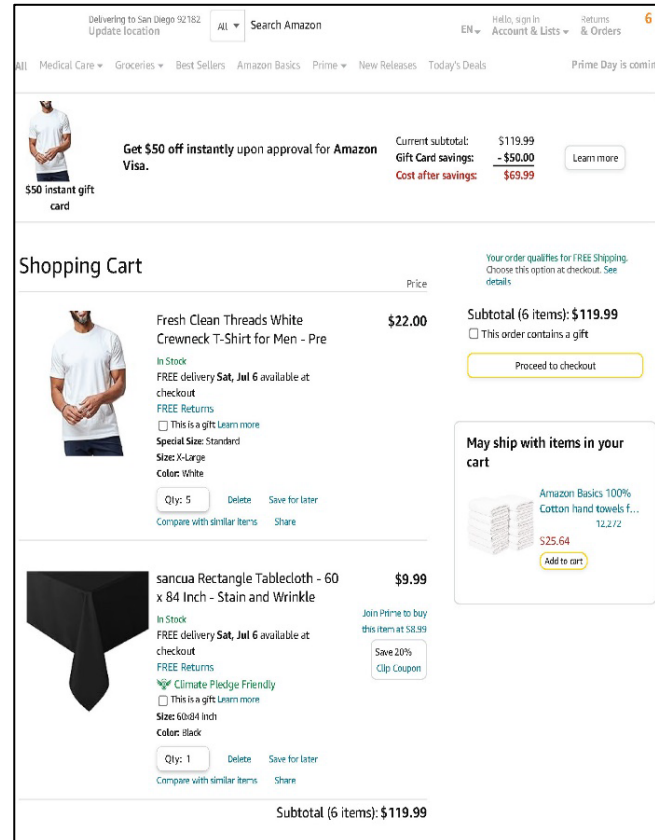
*Requester's Phone #: 202-123-4567 Requester's E-mail Address: jdoue@sdsu.edu

*Advisor/Approver Name (please print): Jason Lopez

*Advisor/Approver E-mail Address: jason.lopez@sdsu.edu

** For help with account information and coding email: as.RSObanking@sdsu.edu

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The screenshot shows an Amazon shopping cart with two items:

- Item 1:** Fresh Clean Threads White Crewneck T-Shirt for Men - Pre. Price: \$22.00. Subtotal (6 items): \$119.99. Includes a \$50 instant gift card upon approval for Amazon Visa.
- Item 2:** sancua Rectangle Tablecloth - 60 x 84 Inch - Stain and Wrinkle. Price: \$9.99.

The cart subtotal is \$119.99. There are options to proceed to checkout, save 20% with a coupon, and add items to the cart.

DONATION, FUNDRAISING & GIFTS IN KIND

The [Tax ID Request Form](#) ⁸ must be submitted every time an RSO engages in fundraising events or donation requests. The following two steps will ensure that A.S. is able to provide the vendor with appropriate tax information and that the proceeds will be allocated to the correct RSO account:

1. Submit the completed form to as.RSObanking@sdsu.edu prior to any fundraising activities.
2. When the exact fundraising/donation amount is known, send the information to as.RSObanking@sdsu.edu.

Non-monetary donations are considered "Gifts in Kind." For all non-monetary donations complete the [Gift in Kind Form](#) ⁹, then email it to as.RSObanking@sdsu.edu.

ACCOUNT INFORMATION REQUEST/STATEMENT

We recommend that RSOs submit an [Account Information Request Form](#) ¹⁰ prior to all financial activities. This will provide your designated officers with an understanding of your organization's monetary flow and current balance. This information can be requested once every 30 days.

A.S. will provide the requestor with a comprehensive banking statement. The statement includes a summary of the prior fiscal year cash flow compared to the current fiscal year cash flow.

Please note that only the designated officers (President, VP of Finance/Treasure, Advisor) are allowed to submit the form.

⁸ as.sdsu.edu/useruploads/files/forms/TaxID_studentorg.pdf

⁹ as.sdsu.edu/stu-org-funding/pdfs/SO-InKindGiftAccept.pdf

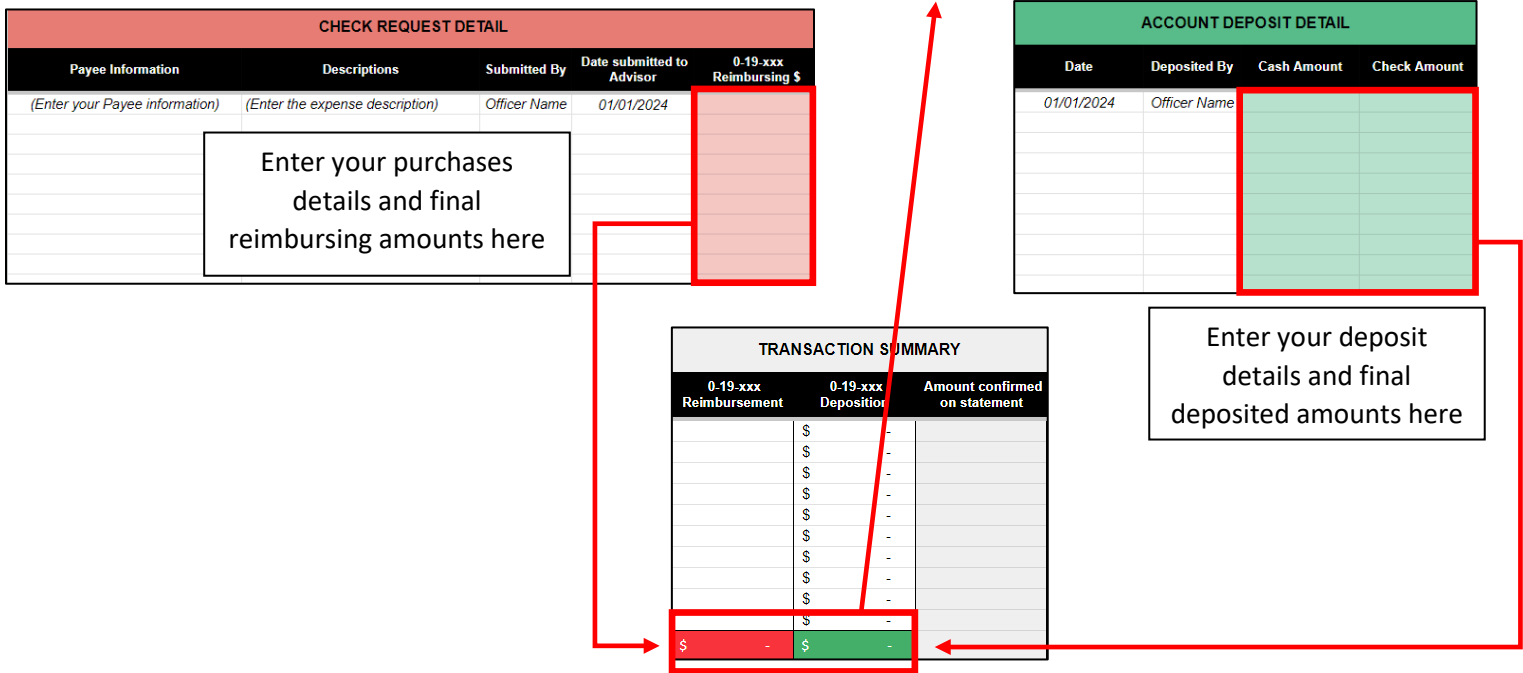
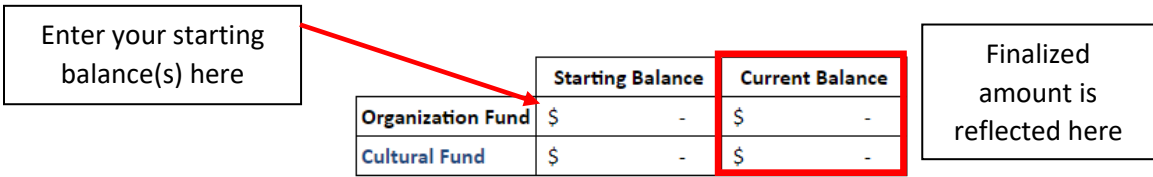
¹⁰ as.sdsu.edu/files/stu-org-funding/banking/SO-AcctInfoRequest.pdf

FINANCIAL TRACKING

RSO officers are encouraged to actively oversee their organization's financial matters by using the [RSO Banking Tracking Spreadsheet](#)¹¹ to keep track of expenses and revenue.

Expenses and Revenues Tracking				Starting Balance		Current Balance		Please save a Copy for your organization by clicking on "File" and choose "Make a Copy".		
Student Organization Name				Organization Fund	\$ 500.00	Organization Fund	\$ 552.50			
Student Organization Acct #	0-19-xxx			Cultural Fund		Cultural Fund	\$ -			
Cultural Funds Acct # (if applicable)	0-03-xxx									
College Council Acct # (if applicable)	0-xx-xxx									
Treasurer's Name										

CHECK REQUEST DETAIL				ACCOUNT DEPOSIT DETAIL				TRANSACTION SUMMARY			
Payee Information	Descriptions	Submitted By	Date submitted to Advisor	0-19-xxx Reimbursing \$	Date	Deposited By	Cash Amount	Check Amount	0-19-xxx Reimbursement	0-19-xxx Deposition	Amount confirmed on statement
(Enter your Payee information) Vw R	(Enter the expense description) Food for GBM	Officer Name Diana	01/01/2024 07/02/24	\$ 52.50		Officer Name	\$ 15.00	\$ 90.00	\$ 52.50	\$ 105.00	
									\$ 52.50	\$ 105.00	



¹¹ docs.google.com/spreadsheets/d/105www_GbIB6z3w_xBu6yd4QET51Fhq8k0UX16KZhV4M/edit?usp=sharing

STUDENT ORGANIZATION FUNDING

GENERAL INFORMATION

All RSOs are eligible to apply for funding through Associated Students. All A.S. funding or allocation decisions are made pursuant to narrow, objective, and definite standards, which does not involve the exercise of judgment or formation of an opinion concerning the content of the event, or the proposed event.

It is A.S. policy that if a funding request is denied or a lesser amount than requested is awarded, the specific bases and reason(s) for that decision will be made known in the published minutes of the committee making the decision.

Remaining unallocated funds are updated weekly on the [A.S. Funding](#) ¹² page.

FUNDING OPPORTUNITIES

Recognized Student Organizations and College Councils are eligible to apply for the following:

1. Travel Requests	For student organizations traveling to professional development events.
2. Campus Program Funding	For on-campus event programming.
3. College Council Unallocated	For academic organizations within a college council.
4. General Activities Unallocated	For RSOs who recruit and retain underrepresented students and are cultural in nature.
5. High School Conference	For events designed to encourage high school students to pursue higher education.

In addition to funding student organizations and College Councils, the A.S. Financial Affairs Committee retains two separate unallocated funds for future requests.

REIMBURSEMENTS AND PURCHASING

For reimbursements using funds allocated by A.S. the [A.S. Check Request form](#) ¹³ must be used and adhere to [A.S. Expenditures Guideline](#) ¹⁴.

IMPORTANT THINGS TO REMEMBER WHEN COMPLETING AN A.S. CHECK REQUEST FORM:

- Read the instruction at the top of the form.
- Fill in all lines that are required (*).
- Indicate your preferred Check Delivery Method.

¹² as.sdsu.edu/stu-org-funding/


¹³ as.sdsu.edu/useruploads/files/forms/check_request.pdf

¹⁴ as.sdsu.edu/stu-org-funding/expenditure

- Enter your full account number and expense code for each requested amount.
- Enter your advisor's information.
- Receipt(s) must be itemized and show proof of purchase.
- Save all documents in PDF format.
- Submit your A.S. Check Request and receipt(s) to your appropriate advisor/budget manager for review and approval.

Example: College Council Check Request

Vendor ID: _____



Check Request

- **Requester:** Complete the entire form (including the name and email of the Advisor/Budget Manager) then forward the completed form and receipt(s) to the Advisor/ Budget Manager for approval.
- **Advisor/Budget Manager:** Review back-up documents and sign/approve check request form.
- **College Councils and Cultural Organizations:** email check request and backup documents to as.RSObanking@sdsu.edu

Date of Request: 11/1/2024

Name to Whom the Check is Payable (Payee): John Doe

Address: 1234 Main Street City/State/Zip: San Diego, CA 92115

Payee Phone (include Area Code): (619) 123-4567 Email Address: jdoe1234@sdsu.edu

Name of Organization/Affiliation: Positivity Club

Purchase Order # (if applicable): _____ Invoice # (if applicable): _____

Delivery Method: Mail Pick-up: Name _____

Expense Purpose (For food, entertainment, clothing, please explain who received the benefit, with a list of recipients where these expenditures occurred). If the space below is insufficient, please include a separate Word document.

The food is for the Council's first meeting. 30 Students attended.

A.S. ACCOUNTING USE ONLY	Account Number / Line Item Code <small>x - xx - xxx - xxxx</small>	\$ Amount
<input type="checkbox"/> Update Address	<u>0-11-119-5520</u>	<u>100.00</u>
<input type="checkbox"/> Budget Checked	_____	_____
_____	_____	_____
_____	Total \$	<u>100.00</u>

Requester's Name (please print): Jane Smith

Requester's E-mail Address: jdoe9876@sdsu.edu Requester's Phone: (619) 444-1234

Advisor/Budget Manager's Name (please print): Alyssa Lopez

Advisor/Budget Manager's E-mail Address: adoe@sdsu.edu

Advisor/Budget Manager's Signature (required for in person submission): _____

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CAMPUS PROGRAM FUNDING

CAMPUS PROGRAM FUNDING

The Campus Program Funding (CPF) provides funding to recognized student organizations for programming of on-campus events. RSOs can apply for up to \$3,000 per organization, per academic year. CPF-funded events must be held on campus, free of charge, open to all students, and no fundraising can take place.

Campus Program Funding Policies can be found in the [All in One CPF Guide](#) ¹⁵ page.

PROCEDURAL POLICIES

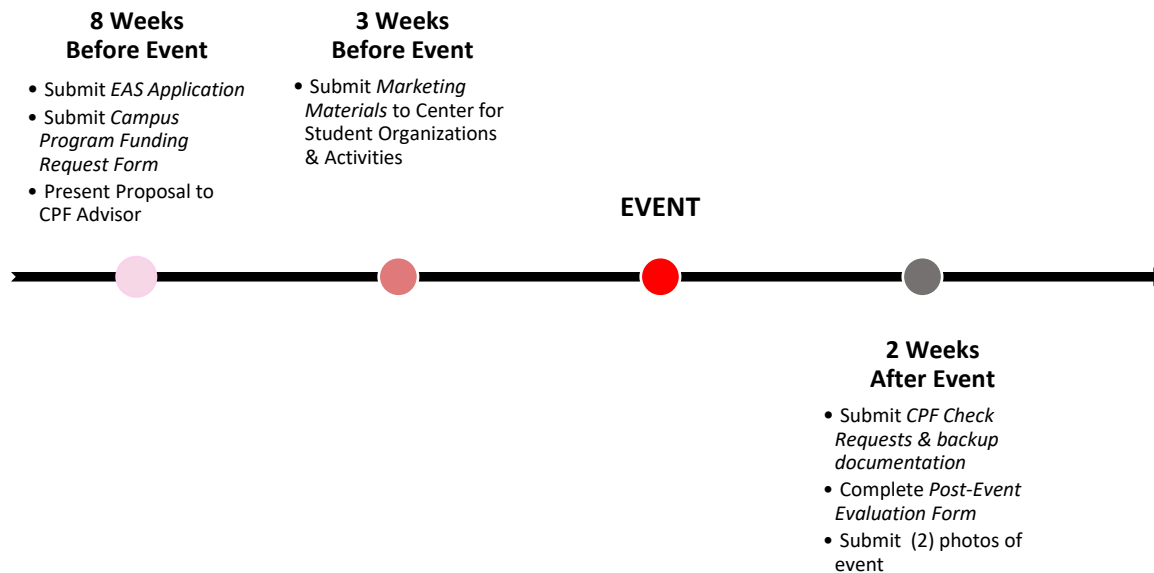
Prior to presenting a funding proposal, the following two applications must be submitted:

1. An [EAS Application](#) ¹⁶
2. A [Campus Program Funding Request](#) ¹⁷

To determine the tier classification and subsequent submission timelines for EAS applications and CPF requests, refer to Section II, Article A of the [SDSU Student Organization Handbook](#) ¹⁸.

If denied by the Financial Affairs Committee, the RSO may appeal to the A.S. Board of Directors.

After the event, RSOs must submit 2 photos of their event and complete the [Post-Event Evaluation Form](#) ¹⁹. Email event photos to mmedley@sdsu.edu.



¹⁵ as.sdsu.edu/stu-org-funding/cpfguide

¹⁶ stuapp.sdsu.edu/EAS/Login/Officer

¹⁷ as.sdsu.edu/stu-org-funding/cpf/

¹⁸ sacd.sdsu.edu/student-life-leadership/files-folder/recognized_student_organization_handbook_20220827.pdf

¹⁹ as.sdsu.edu/stu-org-funding/postevent/

FUNDING POLICIES

- Student organizations must be recognized to receive CPF funding.
- RSOs can apply for up to \$3,000 per academic year. A maximum of \$2,500 can be appropriated for food.
- Multiple RSOs may apply for up to \$6,000 to fund a single/collaborated event. A maximum of \$5,000 can be appropriated for food.

CPF funds may not be used for the following:

- T-Shirts
- Trophies/Awards
- Balloons
- Flowers
- Prizes/Gift Card
- Decorations (unless culturally significant)
- Graduation Ceremonies/End of Year Celebrations
- Parking Passes

CPF Funding may fund supplies that are one-time use and non-reusable only.

The [CPF Check Requests](#) ²⁰ should be submitted no later than two weeks after the event. Payments to SDSU Catering, Aztec Lanes, and Oggi's restaurant can be paid directly by A.S. Funding. No SDSU student or employee will be compensated through CPF.

CPF INFORMATION

- Meeting Time: Wednesday, 10:00pm.
- Meeting Location: Associated Students office, suite 320.
- CPF Advisor: Mary Medley | mmedley@sdsu.edu.

²⁰ as.sdsu.edu/useruploads/files/forms/cpf-check-request.pdf

TRAVEL FUNDING

TRAVEL FUNDING

Associated Students offers travel funding to all RSOs seeking professional development for their members. RSOs may request up to \$1,500 per student organization, per academic year.

Please note the following information:

- Travel funds cannot be used to fund local travel (within San Diego County).
- One driver is required for every 200 miles traveled. The maximum distance one-way is 350 miles. If miles exceed 350, a mileage waiver is required and an exception must be approved by the Financial Affairs Committee.
- All international travel must be submitted 4 weeks prior to travel, and receive university approval. Proof of travel insurance must also be provided.

Travel policies can be found on the [A.S. Travel](#) ²¹ page.

BEFORE YOU TRAVEL

A Travel packet must be submitted to the A.S. office or emailed to as.travelfund@sdsu.edu minimum of TWO weeks prior to travel. A [Travel Request Packet](#) ²² may include up to 6 forms (form 1 to 6) and additional backup documents (form 7 and 8):

- | | |
|--|---|
| 1. Travel Fund Checklist | 6. Release and Waiver (for each person traveling) |
| 2. Travel Fund Request | 7. Organization Driver/Insurance Form (for each driver) |
| 3. Travel Fund Contact List | 8. A map (if driving) |
| 4. Travel Fund Outline of Expenses | |
| 5. Agenda or Summary of the event (email to as.travelfund@sdsu.edu) | |

Travel Requests are approved by the A.S. Financial Affairs Committee. For questions email as.travelfund@sdsu.edu or call (619) 594-6555.

AFTER YOU TRAVEL

To request reimbursements after travel, complete the following travel forms:

1. [Travel Check Request](#) ²³
2. [Travel Expense Report](#) ²⁴

Completed forms and backup documents must be approved by the RSO Faculty Advisor. Submit forms to the A.S. office or email to as.travelfund@sdsu.edu.

²¹ as.sdsu.edu/stu-org-funding/travel

²² as.sdsu.edu/stu-org-funding/travelforms

²³ as.sdsu.edu/useruploads/files/forms/check_request-travel.pdf

²⁴ as.sdsu.edu/useruploads/files/forms/travel.pdf

GUIDELINES FOR TRAVEL REIMBURSEMENT

The per diem establishes the maximum daily reimbursement amount that may be requested for lodging and meals. Mileage and other travel expenses (airfare, taxi, airport shuttle, etc.) and conference fees are added to the per diem amount.

Meals provided by a conference and paid through a conference fee must be noted on the Travel Expense Report.

For travel periods less than 24 hours, departure and return time determine if lodging and specific meals are be allowed.

- LODGING and INCIDENTALS are allowed when the period extends overnight
- BREAKFAST
 - Is allowed if your departure time is during the previous 24-hour period and your return time is later than 9 a.m.
 - Is allowed if your departure time is before 7 a.m. and your return time is after 6 p.m. of the same day.
- LUNCH is allowed if your departure time is during the previous 24-hour period and your return time is later than 2 p.m.
- DINNER is allowed if your departure time is during the previous 24-hour period and your return time is later than 6 p.m.

Example of Per Diem Amounts:

Example	Allowable Per Diem
<ul style="list-style-type: none">• Depart 7 a.m. Monday• Return 5:30 p.m. Wednesday	<ul style="list-style-type: none">• 2 nights lodging• 2 full days of meals and incidentals• 1 day breakfast and lunch
<ul style="list-style-type: none">• Depart 10 a.m. Tuesday• Return 1 p.m. Thursday	<ul style="list-style-type: none">• 2 nights lodging• 2 full days of meals and incidentals
<ul style="list-style-type: none">• Depart 1 p.m. Wednesday• Return 9 a.m. Friday	<ul style="list-style-type: none">• 2 nights lodging• 1 full day of meals and incidentals• 1 additional dinner and breakfast

MILEAGE REIMBURSEMENT

As of January 1, 2024 the maximum rate per mile for reimbursement of use of a private vehicle while on Associated Students business is the IRS's standard mileage reimbursement rate of 67 cents (\$0.67) per mile. This rate will change only when the IRS rate changes.

You will need to fill out a mileage form to document the miles driven, noting the beginning and ending odometer readings per trip. We will reimburse you for gas receipts or mileage, but not both.

TRAVEL FORMS & INSTRUCTIONS

TRAVEL FORMS INSTRUCTIONS

The following instructions provide necessary information when submitting documents for traveling funding from Associated Students.

- Travel Check List:
 - Complete once ALL other forms have been submitted.
 - Email a map showing the distance of travel from SDSU to the destination to as.travelfund@sdsu.edu (driving only).
 - Email an event agenda or program summary to as.travelfund@sdsu.edu.
- Travel Fund Request:
 - After entering required information, assign your advisor as the final signer for approval.
- Release and Waiver:
 - All travelers must complete this form. If the traveler is under 18, the parents/guardian approval is required. If the traveler is over 18 click on “Next” at the bottom of the screen to skip.
- Organization Driver/Insurance:
 - Enter the main driver’s information. If the distance of traveling is more than 200 miles, a second driver’s information is required.
 - Upload BOTH driver license and proof of auto insurance for the driver(s).

(continued next page)

TRAVEL CHECKLIST

Organization/Group: College Student Organization

Date(s) of Trip: 07/01/2024 to 07/07/2024

Each of the following items must be submitted to the A.S. Office at least Two Weeks prior to the beginning of travel.

Check off all items intend to be submitted

- Travel Fund Request Form
 - Contains 2 Valid Signatures
- Travel Contact List
- Outline of Expenses
- Agenda, Program or Summary for Conference or Event (email to as.travelfund@sdsu.edu)
- Map of Travel (email to as.travelfund@sdsu.edu)
- Release & Waiver (1 for each person traveling)
 - Number of People Traveling 2
 - Number of Waivers Received 2
- Organization Driver / Insurance Forms (1 for each person driving)
 - Number of People Driving 1
 - Number of Driver Forms Received 1
 - Copy of Driver's License(s)
 - Copy of Insurance Policy(ies)
 - Copy of DMV Record
(Will be obtained by A.S. Office IF form is submitted at least 2 weeks prior to travel)

The map of travel must display complete distance

1 hr 50 min to 2 hr 40 min (134 miles)
via I-405 S and I-5 S

[Add to Calendar](#)

University of California, Los Angeles
Los Angeles, CA 90095

- > Get on I-405 S from Sunset Blvd
3 min (1.0 mi)
- > Continue on I-405 S. Take CA-73 S, I-5 S and I-805 S to College Ave in San Diego. Take exit 10 from I-8 E
1 hr 59 min (133 mi)
- > Continue on College Ave. Drive to Canyon Crest Dr
19 sec (472 ft)

San Diego State University
5500 Campanile Dr, San Diego, CA 92182

TRAVEL FUND REQUEST

Student Organization Name: College Student Organization
Event: Conference Event
Event Dates and Times: 07/01/2024
(Leaving from San Diego and returning to San Diego)
Event Location: 1234 Main Street, Destination City, VA 22213
(City and State)

Enter travel/destination information

Method of Travel _____
 Air Train Personal Vehicle Rental Vehicle Other
Departure Date 7/1/2024 Return Date 7/5/2024

Enter method of travel & dates of traveling

Lodging _____
 Hotel Airbnb VRBO Personal Residence
Lodging Address: 5678 Main Street, Destination City, VA 22213
Arrival Date 7/1/2024 Departure Date 7/5/2024

Choose lodging details

How will this travel benefit SDSU/your organization? (Limit to 150 Characters)
(Provide your information here)

How will you communicate what was learned on this trip with other members of your organization? (Limit to 100 Characters)
(Provide your information here)

Has your organization done this travel before? (Limit to 100 Characters)
(Provide your information here)

Amount Requested: \$ 1400.00

John Doe
STUDENT ORGANIZATION REPRESENTATIVE'S NAME
619-594-1234
TELEPHONE
jodoe@sdsu.edu
EMAIL
06/30/2024
DATE

Janine Doe
STUDENT ORGANIZATION ADVISOR'S NAME
619-594-5678
TELEPHONE
jandoe@sdsu.edu
EMAIL
06/30/2024
DATE

[Signature]
STUDENT ORGANIZATION REPRESENTATIVE SIGNATURE

[Signature]
STUDENT ORGANIZATION ADVISOR SIGNATURE

• The requesting organization must be a Recognized Student Organization (RSO) or College Council
• Each organization must submit a request for travel funding electronically or email it to: as.travelfund@sdsu.edu
• Travel allocations are made on a first-come, first-served basis. International travel is not eligible for funding.
• The maximum amount of travel funding per academic year is \$1,000 per organization.

Enter your organization's officer information & signature

Assign to your faculty advisor to complete the form

TRAVEL CONTACT LIST

Student Organization/Group Name College Student Organization

Student Representative In Charge: Name Jane Doe Email jdoe1245@sdsu.edu

Travel Dates 07/01/2024

ALL TRAVELERS LISTED BELOW MUST SUBMIT A RELEASE AND WAIVER FORM

1. Name: Jane Doe

Email: jdoe1234@sdsu.edu

2. Name: John Doe

Email: jdoe5678@sdsu.edu

Enter names and emails of all travelers

4. Name: _____

Email: _____

5. Name: _____

Email: _____

6. Name: _____

Email: _____

7. Name: _____

Email: _____

8. Name: _____

Email: _____

9. Name: _____

Email: _____

10. Name: _____

Email: _____

11. Name: _____

Email: _____

12. Name: _____

Email: _____

13. Name: _____

Email: _____

14. Name: _____

Email: _____

15. Name: _____

Email: _____

Travel Fund Request

OUTLINE OF EXPENSES



List all expenses, including those that exceed the \$1,500 allocation limit

Student Organization: College Student Organization

Number of People Traveling: 2 Destination: Destination City

Purpose: Conference

Leaving: DATE 07/01/24 TIME 09:00am Returning: DATE 07/05/24 TIME 05:00pm

TRANSPORTATION

Enter estimated transportation cost

2 # passengers X \$ 150 / each Air Fare = \$ 300

Personal Vehicle: (mileage) _____ X _____ # autos X \$ 0.67 / mile Total Round-Trip Mileage _____ = \$ _____

Rental Vehicle: \$ _____ + \$ _____ Total Amount of Gas Receipts Total Vehicle Rental Charges = \$ 0

Other (train,bus,...): _____ = \$ 0

LODGING

Enter estimated lodging cost

Hotel: 1 # rooms X 6 # nights X \$ 50 / room = \$ 300

Airbnb/VRBO _____ # nights X \$ _____ amount = \$ 0

Personal Residence Lodging included in registration fee

*Actual expenses may be allowed with special circumstances.

REGISTRATION

Registration Fees: 2 # people X \$ 30 / each = \$ 60

*Meals included in Registration Fees *Registration Fees waived

MEALS

Up to \$50 per person for meals may be reimbursed for each complete 24-hour period. Meal costs may be claimed if itemized, as follows:

- \$10 Breakfast - if travel begins before 7 a.m. or extends past 9 a.m.
- \$15 Lunch - if travel extends past 2 p.m.
- \$25 Dinner - if travel extends past 6 p.m.
- \$50 Total - per 24-hour period (ex., Day 1 = 7 travelers *\$10 per diem = \$70 Total Breakfast)

Any meals included in the registration fees should not be claimed on this form. An additional \$5 for incidentals may be claimed for each 24-hour period.

Date	Breakfast	Lunch	Dinner	Incidentals	Daily Total
<u>07/01/24</u>	\$ <u>10</u>	\$ <u>15</u>	\$ <u>25</u>	\$ _____	\$ <u>50</u>
<u>07/02/24</u>	\$ <u>10</u>	\$ <u>15</u>	\$ <u>25</u>	\$ _____	\$ <u>50</u>
<u>07/03/24</u>	\$ <u>10</u>	\$ <u>15</u>	\$ <u>25</u>	\$ _____	\$ <u>50</u>
<u>07/04/24</u>	\$ <u>10</u>	\$ <u>15</u>	\$ <u>25</u>	\$ _____	\$ <u>50</u>
<u>07/05/24</u>	\$ <u>10</u>	\$ <u>15</u>	\$ _____	\$ _____	\$ <u>25</u>

Total Meals = \$ 225

TOTAL ACTUAL TRAVEL EXPENSES = \$ 885

ALL WHO TRAVEL MUST COMPLETE

Name Jane Doe Phone Number 619-594-1234 E-mail jdoe1234@sdsu.edu

Student Organization/Group College Student Organization

In consideration of the use of the property, facilities and or services of the Associated Students, including but not limited to the undersigned agrees as follows:

Enter traveler's information & signature here. Every traveler must complete the form

1. RISK FACTORS: The undersigned understands and acknowledges that the activity involves risks such as but not limited to BODILY INJURY, DEATH and/or PROPERTY DAMAGE;
2. ASSUMPTION OF RISK: The undersigned ASSUMES ANY ALL RISK INVOLVED IN OR ARISING FROM THE ACTIVITY, including without limitation the risk of DEATH, BODILY INJURY or PROPERTY DAMAGE resulting from the activity, unavailability of emergency medical care; or the negligent or deliberate act of another person.
3. PREREQUISITE SKILLS AND TRAINING: The undersigned acknowledges that he or she has the requisite skills, qualifications, and training necessary to complete such activity. The undersigned agrees that if he or she has any questions as to what skills, qualifications or training is necessary to properly conduct the activity, then they shall direct such questions to the organization.
4. RELEASE: The undersigned RELEASES the State of California, trustees of the California State Universities, the Associated Students of San Diego State University and all of their officers, employees and agents and agrees NOT TO sue them on account of or in connection with any claims, causes of action, injuries, damages, cost or expenses arising out of the activity, included those based on death, bodily injury or property damage, whether or not caused by the negligence or other fault of the parties being released.
5. WAIVER: The undersigned waives the protection afforded by any statute or law in any jurisdiction including California Code S1542 whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or otherwise which the person giving the release does not know or suspect to exist at the time of executing the release. This means, in part, that the undersigned is releasing unknown future claims.
6. INDEMNIFY AND DEFEND: The undersigned agrees to INDEMNIFY AND DEFEND the State of California, the trustees of the California State Universities, the Associated Students of San Diego State University and all of their officers, employees and agents (hereinafter jointly referred to as "indemnitee") against and hold them harmless from any and all claims, causes of action, damages, judgments, cost or expenses, including attorney fees which in any way arise from the activity of this agreement and which include but are not limited to damages to or destruction of any property of the indemnitee or any others, injury or death of the undersigned or anyone else or any liability arising from the act or negligent act of the indemnitee, the undersigned or anyone else.
7. PAY: The undersigned agrees to pay for any and all damages to any property of indemnitee caused by the undersigned either negligently, willfully or otherwise.
8. ATTORNEY FEES AND COSTS: If any party to this Agreement shall bring any action for any relief against any other party, declaratory or otherwise, arising out of this Agreement, the losing party shall pay to the prevailing party all costs plus a reasonable sum for attorney fees incurred in bringing such suit and/or enforcing any judgement granted therein, all of which shall be deemed to have accrued upon the commencement of such action and shall be paid whether or not such action is prosecuted to the judgment. Any judgement or order entered in such action shall contain a specific provision for the recovery of attorney fees and this section, attorney fees shall include, without limitation, fees incurred in the following: (1) postjudgment motions; (2) contempt proceedings; (3) garnishment, levy and debtor and third party examinations; (4) discovery; and (5) bankruptcy litigation.
9. INSURANCE: The University has only a limited amount of insurance that may apply to any damage or injury resulting from the event and the "undersigned" acknowledges it is his or her responsibility to review their insurance needs and acquire any amount they believe is necessary.
10. REPRESENTATIVES: The undersigned enters into this agreement for himself, his heirs, assigns and legal representatives.
11. ACKNOWLEDGEMENT: The undersigned has read and understand this agreement and realizes it relates to surrendering and releasing valuable legal rights and does so freely and voluntarily.

Signature of Person Traveling 

Enter your emergency contact information here

EMERGENCY CONTACT INFORMATION

Parent/Guardian Jason Doe Relationship Father
Address 111 First Street Phone (619) 123-4567
City/State/Zip San Diego, CA 92115

PERSON TO CONTACT IN CASE OF AN EMERGENCY (OTHER THAN PARENTS)

Name Janine Doe Relationship Cousin
Address 222 Second Street Phone (619) 456-7891
City/State/Zip San Diego, CA 92123

PARENTS MUST COMPLETE IF STUDENT IS UNDER 18 YEARS OF AGE

***Instruction: Choose "Nex" if Student is over 18. If Student is under 18, assign Parent/Guardian as "Participant 2". Parent/Guardian sign and complete form.**

APPROVAL OF PARENT/GUARDIAN ON BEHALF OF MINOR: For _____
Name of student under 18 years of age

I am the parent/legal guardian of the undersigned minor. I have read and understand the agreement and realize the agreement involves surrendering and releasing valuable legal rights and does so freely and voluntarily. I am bound by all of the terms of the agreement. I also give my consent to the participation in the activity by the undersigned.

Parents' approval signature for traveler under 18

Signature of Parent/Legal Guardian if Person Traveling is under 18 _____



ORGANIZATION DRIVER/INSURANCE FORMS

ALL DRIVERS MUST COMPLETE FORM

I, Jane Doe, the undersigned, as the Primary driver of a vehicle for College Student Organization organization, acknowledge my responsibility for the people assigned me. I will drive within the limits of the law and always drive with discretion.

Maximum number that can travel in vehicle: 5 Class type driver's license: Class I Class II

I verify that the vehicle license # 9ABC123 is adequate for the travel to be performed and is equipped with seat belts and is in safe mechanical condition.

I verify that I have received no more than two (2) moving violations in the past 12 months and have no violations for driving while intoxicated.

If Driving Distance is more than 200 miles (one-way), a Secondary Driver is required.

"All of the above is correct and true to the best of my knowledge."

SIGNATURE OF PRIMARY DRIVER: [Signature] DATE: 06/30/2024
DRIVER'S LICENSE NUMBER: Y1234567 EXPIRATION DATE: 08/31/2024

I, _____, the undersigned, as the Secondary driver of a vehicle for _____ organization, acknowledge my responsibility for the people assigned me. I will drive within the limits of the law and always drive with discretion.

Maximum number that can travel in vehicle: _____ Class type driver's license: Class I Class II

I verify that I have received no more than two (2) moving violations in the past 12 months and have no violations for driving while intoxicated.

"All of the above is correct and true to the best of my knowledge."

SIGNATURE OF SECONDARY DRIVER: _____ DATE: _____
DRIVER'S LICENSE NUMBER: _____ EXPIRATION DATE: _____

Enter your driver's information, driver license information, and signature

If the driving distance is more than 200 miles one-way, a second driver must complete this section



ORGANIZATION DRIVER/INSURANCE FORMS

MEMBERS TRAVELING IN THE MENTIONED VEHICLE (PLEASE PRINT)

1. Name Jane Doe Driver: YES NO

Address 1234 Main Street

City/State/Zip San Diego, CA 92115 Phone 619-594-1234

2. Name John Doe Driver: YES NO

Address 111 First Street

City/State/Zip San Diego, CA 92115 Phone 619-594-5789

Enter all traveler and driver(s) information here



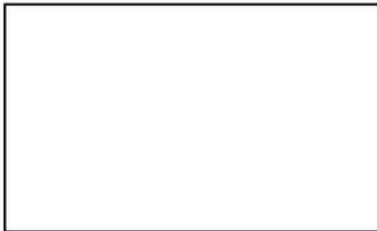
ORGANIZATION DRIVER/INSURANCE FORMS

DRIVERS' LICENSES & INSURANCES

Driver #1: _____



Driver's License



Proof of Insurance

Upload your driver license and proof of auto insurance

BANKING FORMS & INSTRUCTIONS

GENERAL FORMS INSTRUCTIONS

The following instructions provide basic requirements and steps when submitting all banking forms with Associated Students.

- Account Application and Agreement:
 - Signatures will be required from the Treasurer, President, and Advisor. Treasurer will sign first, then assign president, and assign advisor last.
 - Select the option to “*Draw*” signatures, no font signature is accepted.
 - Email must be the SDSU email or organization’s email.
- Check Request:
 - Itemized receipts required.
 - Faculty advisor’s approval (signature or written confirmation via email) required.
- Deposit Slip:
 - All checks must be made payable to Associated Students.
 - No coins over \$10 will be accepted. If cash amount is over \$1,000 two officers must present.
- Tax ID Request:
 - This form must be completed for every fundraising events/request for donations.
- Gift in Kinds Acceptance:
 - NOTE: This form is used for non-monetary donations.
 - Donor contact information and address must be provided.
 - Description and estimated value of gift receiving required.
 - Donors will receive tax ID information.

(continued next page)

Student Organizations

Account Application and Agreement

INSTRUCTIONS:

1. The Treasurer of organization will fill out the required information, then assign the President as *Second Signer* and the Advisor as *Third Signer*.
2. All 3 Officers must sign front and back of form.
3. Electronic signatures must be an accurate representations of actual signatures. Typed signatures using a font WILL NOT be accepted. Select the option to draw your signature.

Treasurer signs first, assigns President as the Second signer, then Advisor as Third signer.

ACCOUNT INFO

TYPE OF REQUEST: Establish New Account Modify Existing Account Renew Account

Recognized Student Organization Name: _____ Academic Year: _____

Is your organization nationally affiliated? No Yes — If yes, what is the Federal ID Number? _____

Does your Student Organization have a bank account outside of A.S.? No Yes — If yes, which bank? _____

Organization's Officers Information.
Email should be either SDSU's email or organization's email.

SIGNATURE APPROVAL

_____ account. One of the three authorized signer signatures is required for account subject to review and approval for conformance with account purposes. Please only provide information for those who are authorized signers for the organization.

AUTHORIZED SIGNERS

Title	Print Name	E-mail	Phone
Treasurer			
President/Chair			
Advisor			

AUTHORIZATION / EXECUTED BY

Please sign in this area.

Organization Treasurer: _____ Date Signed: _____

Organization President: _____ Date Signed: _____

Organization Advisor: _____ Date Signed: _____

THE REVERSE SIDE OF THIS DOCUMENT CONSTITUTES A PART OF THIS AGREEMENT. PLEASE READ CAREFULLY.

All 3 Officers sign here and on the back of the form. Select the option to Draw signature.

AS Accounting Office Initials: _____
Account Number Assigned: _____



For assistance completing this form, please contact Associated Students at 619-594-6555 or email: as.RSObanking@sdsu.edu.

Confirm that your Account Number is correct.

Account Deposit Slip

Organization Name: _____

Account Number: _____ Deposit Date: _____

DEPOSIT BREAKDOWN: (will be used to note revenue on monthly statement)

Dues (3271): \$ _____ Donations* (3300): \$ _____

Fundraising* (3311): \$ _____ Sponsorships (3325): \$ _____

*Must include Gift Transmittal Form or Tax ID Request Form (if applicable).

Please choose one of the categories under Deposit Breakdown.

CASH			CHECKS	
Qty	Bills	Total	Check #	
_____	\$100	_____	1	_____
_____	\$50	_____	2	_____
_____	\$20	_____	3	_____
_____	\$10	_____	4	_____
_____	\$5	_____	5	_____
_____	\$1	_____	6	_____
_____	Quarters	_____	7	_____
_____	Dimes	_____	8	_____
_____	Nickels	_____	9	_____
_____	Pennies	_____	10	_____
_____	Other	_____	11	_____
Total Cash	\$	0	12	_____

Total Checks \$ **0**

TOTAL DEPOSIT \$ **0**

Deposited by: (Print name) _____ Date: _____

E-mail Address: _____

Verified by: _____ Date: _____

Verify by AS Employees only



For assistance completing this form email Associated Students at: as.RSObanking@sdsu.edu. Mail completed forms and checks to: Associated Students 5500 Campanile Dr. suite 320 San Diego, CA 92182.

Student Organizations

Check Request

Requester: Complete the entire form including the name and email of the Authorized Approver. Then email the completed form and receipt(s) to the Student Organization Authorized Approver for review & approval.

view documents, forward requester's email with a statement of approval to: as.RSObanking@sdsu.edu.

Who is being paid?

NOTE: ALL ASTERISKED (*) FIELDS MUST BE COMPLETED.

*Date of Request: _____ Invoice Date: _____ Invoice # (if applicable): _____

*Name to Whom the Check is Payable (Payee): _____

*Off Campus Address: _____

*City/State/Zip: _____ * Payee Phone _____

*Student Organization Name: _____

*Check Delivery Method: Mail Pick-up Name: _____

*Expense Purpose (For food, entertainment, clothing, or awards expenses, please explain who received the benefit and why)

* For gift cards, include recipient names and amounts.

Enter the purpose of the expense

Enter the account coding using the following format:

0 - 19 - xxx - xxxx

All student organization account numbers begin with 0 - 19 - XXX - XXXX

*Enter your account coding below

***\$ Amount**

_____	_____
_____	_____
_____	_____

Status Verified

Your organization's account number

Expense code

***Total \$** _____

*Expense Description _____

*Requester's Name (please print): _____

*Requester's Phone #: _____ Requester's E-mail Address: _____

*Advisor/Approver Name (please print): _____

*Advisor/Approver E-mail Address: _____

Advisor's information required.

or help with account information and coding email: as.RSObanking@sdsu.edu

Check Request

THIS CHECK REQUEST FORM IS ONLY FOR COLLEGE COUNCIL AND CULTURAL FUNDS.

Who is being paid?

Requester: Complete the entire form (including completed form and receipt(s))
 Manager: Review back-up documents and sign/approve check request form
 College Councils and Cultural Organizations: email check request and submit documents to as.RSObanking@sdsu.edu.

Date of Request : _____

Name to Whom the Check is Payable (Payee): _____

Address: _____ City/State/Zip: _____

Payee Phone (include Area Code): _____ Email Address: _____

Name of Organization/Affiliation: _____

Purchase Order # (if applicable): _____ Invoice # (if applicable): _____

Delivery Method: Mail Pick-up: Name _____

Expense Purpose (For food, entertainment, clothing, please explain who received the benefit, with a list of recipients where these expenditures occur). If the space below is insufficient, please send a separate Word document.

Enter the purpose of the expense.

Please request your account account/coding from your college council advisor(s).

AccountNumber/LinItemCode X - XX - XXX - XXXX	\$ Amount
_____	_____
_____	_____
_____	_____
Total \$	_____

College council's advisor if reimbursing using college council's funds.

Advisor/Budget Manager's Name (please print): _____

Requester's Phone: _____

Organization advisor if reimbursing using cultural funds.

(if not for in person submission): _____

Date: _____

E-mail completed form to: as.RSObanking@sdsu.edu

**Complete Box 1
for fundraisers
only.**

Complete this section if doing an Online fundraising application:

1

To: Business Name: _____

**Complete Box 2
for donations only.**

Complete this section if a Business is making a donation:

2

To: Business Name: _____ Phone #: _____

Contact Name: _____

Business Address: _____

W-9 Requested

E-mail: _____

Organization Information:

3

Student Organization: _____

Student Name: _____ E-mail: _____

Phone #: _____ Event Date (if known): _____

Name of Event: _____ \$ Amount of Expected (if known): _____

**Box 3 is required
for either activity**

NOTE:

- Donations over \$5,000 must go through the Campanile Foundation and will incur an administration fee which will be deducted before funds are deposited in your activity account.
- This process takes approximately 7 to 10 days.
- **Make sure all checks are payable to Associated Students and mailed to 5500 Campanile Dr. suite 320, San Diego, CA 92182.**

INTERNAL ACCOUNTING USE ONLY

CHECKLIST:

Tracking Sheet Updated: _____ Date: _____

Create Letter: _____ Date: _____

Mail/E-mail/Fax: _____ Date: _____

Review/Verify Account: _____ Date: _____

Donor Information

Organization Name: _____

Organization Account Number: _____ Date: _____

Donor Company: _____ Donor Phone: _____

Contact Name: _____ Contact E-mail: _____

Address: _____

Donor Requesting Tax ID letter

Short Description of Gift received & estimated value

Gift Description and Estimated value per item:

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Total Estimated Value: \$ _____

Organization Requester Name : _____

Organization Advisor Name: _____

Received by at A.S Office: _____

Organization Advisor & Requester Information

FOR A.S. ACCOUNTING OFFICE USE ONLY

Original File Date: _____

REQUEST FOR ACCOUNTING INFORMATION

(Please print all information)

Date: _____

Student Organization Account #0-19-_____ Cultural Organization Account # 0-03-_____

Organization Name: _____

Requester Name: _____

Email: _____

Phone Number _____

Organization's Information and Requester Information must be one of the designated officers.

INFORMATION REQUESTED

- A.S. Cultural Funds Budget Statement
- Organization Account Statement

Please allow 3-4 business days for request to be completed.

For assistance email: as.RSObanking@sdsu.edu.

ASSOCIATED STUDENTS USE ONLY

- Reviewed by: _____ Date: _____
- Completed by: _____ Date: _____
- E-mailed Printed for Pick Up