



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 _____

INFORMATION REQUESTED

- A.S. Cultural Funds Budget/Account Statement Student
- 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