



# 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 Statement
- Organization Account Statement

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

**For assistance email: [as.RSObanking@sdsu.edu](mailto:as.RSObanking@sdsu.edu).**

## ASSOCIATED STUDENTS USE ONLY

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