

Student Organizations Check Request

Please fill out this form in pen, or complete it on screen and then print.

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

Attach all ORIGINAL supporting documentation to this form. Then please submit to Aztec Student Union, Ste 320.

*Date of Request: _____ Invoice Date: _____

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

*Off Campus Address: _____

*City/State/Zip: _____

*Payee Phone (include Area Code): _____

*Student Organization Account Name: _____

Purchase Order # (if applicable): _____

Invoice # (if applicable): _____

*Expense Description: _____

Delivery Method: Mail Pick-up By: _____

**A.S. ACCOUNTING
USE ONLY**

Budget & RSO
Status Verified

*Account Number
0 - 19 - XXX - XXXX

*\$ Amount

(PRINT FORM, THEN SIGN) Total \$ _____

*Requester's Contact Phone #: _____ *Requester's Signature: _____

*E-mail Address: _____

*Requester Name (please print): _____

*Signature of Authorized Officer to Approve Expenditure: _____

*Name (please print): _____

*E-mail Address: _____



For assistance completing this form, please contact Associated Students at 619-594-6555 or email asaa@mail.sdsu.edu. Completed forms should be turned into the A.S. Business Office, Conrad Prebys Aztec Student Union, Suite 320.