



High School Conference 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 the check request and back-up documents, then email the documents and a statement of approval 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 ONLY, please explain who received the benefit and why). If the space below is insufficient, please send a separate Word Document to as.RSObanking@sdsu.edu

	Account Number / Line Item Code 0 - 04 - XXX - XXXX	\$ Amount
A.S. ACCOUNTING USE ONLY <input type="checkbox"/> Update Address <input type="checkbox"/> Budget Checked		
	Total \$	

Expense Description: _____

Requester's Name (please print): _____

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

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

Advisor/Budget Manager's E-mail Address: _____

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