

# Travel Check Request

**In response to the current circumstances surrounding COVID-19 we are currently not requiring signatures on this form. See instructions below.**

**Requester:** Complete the entire form including the name and email of the Advisor/Budget Manager. Then email the completed form and receipt(s) to the Advisor/ Budget Manager for approval.  
**Advisor/Budget Manager:** Review documents, forward requester's email & attachments with a statement of approval to: as.RSObanking@sdsu.edu.

Date of Request: \_\_\_\_\_ Invoice Date: \_\_\_\_\_  
 Name to Whom the Check is Payable (Payee): \_\_\_\_\_

Off Campus Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Payee Phone (include Area Code): \_\_\_\_\_

Name of Organization or Affiliation: \_\_\_\_\_

Purchase Order # (if applicable): \_\_\_\_\_

Invoice # (if applicable): \_\_\_\_\_

Expense Description: \_\_\_\_\_  
 \_\_\_\_\_

Delivery Method:  Mail

	Account Number / Line Item Code x - xx - xxx - xxxx	\$ Amount
<input type="checkbox"/> Budget Checked	0-01-001-6125	
_____	_____	_____
(For AS accounting dept. use only)	_____	_____
	_____	_____
	Total \$	_____

**Requester's Name** (please print): \_\_\_\_\_

Requester's Phone #: \_\_\_\_\_

Requester's E-mail Address: \_\_\_\_\_

**Advisor/Budget Manager's Name** (please print): \_\_\_\_\_

Advisor/Budget Manager's E-mail Address: \_\_\_\_\_