

Check Request

Check request must be submitted to the A.S. Office, Conrad Prebys Aztec Student Union, Suite 320, by Monday at 4:00 pm for mailing the following Monday.

Please complete all spaces including an explanation of expense indicating reimbursement, refund or the applicable invoice number and attach ORIGINAL supporting documentation to the back of the check request.

Attach backup to check when mailing

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 Pick-up By: _____

<input type="checkbox"/> Budget Checked	Account Number / Line Item Number** X - XX - XXX - XXXX	\$ Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(PRINT FORM, THEN SIGN) Total \$ _____

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

E-mail Address: _____

Requester Name (please print): _____

Signature of Advisor/Budget Manager Authorized to Approve Expenditure: _____

Advisor/Budget Manager Name (please print): _____