

# 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 back-up documents and sign/approve check request form

Submit documents to asap@sdsu.edu, Cultural and College Council Organizations submit documents to as.RSObanking@sdsu.edu

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

Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Payee Phone (include Area Code): \_\_\_\_\_  
 Email Address: \_\_\_\_\_

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

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

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

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

Delivery Method:  Mail  Pick-up: Name \_\_\_\_\_  
 (Name of the person authorized to pickup for the Payee)

**A.S. ACCOUNTING USE ONLY**

Update Address

Budget Checked

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Account Number / Line Item Code X - XX - XXX - XXXX	\$ Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total \$	_____

**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 : \_\_\_\_\_