ASSOCIATED STUDENTS
SAN DIEGO STATE UNIVERSITY

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 competed 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.RSObankig@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

☐ Budget Checked

_____
(For AS accounting dept. use only)

Account Number / Line Item Code x - xx - xxx - xxxx	$ Amount
Total $	0.00

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: _____

For assistance completing this form, please contact as.RSObanking@sdsu.edu *or* asap@sdsu.edu