

# Student Organizations

# Check Request

**Requester:** Complete the entire form including the name and email of the Authorized Approver. Then email the completed form and receipt(s) to the Student Organization Authorized Approver for review & approval.

**Authorized Approver:** Review documents, forward requester's email with a statement of approval to: [as.RSObanking@sdsu.edu](mailto:as.RSObanking@sdsu.edu).

**NOTE: ALL ASTERISKED (\*) FIELDS MUST BE COMPLETED.**

\*Date of Request: \_\_\_\_\_ Invoice Date: \_\_\_\_\_

\*Name to Whom the  
\*Check is Payable (Payee): \_\_\_\_\_

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

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

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

\*Student Organization Name: \_\_\_\_\_

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

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

\*Check Delivery Method: Mail  Pick-up  Name: \_\_\_\_\_

(Name of person authorized to pick up for the Payee)

**A.S. ACCOUNTING  
USE ONLY**

Update Address

Budget & RSO  
Status Verified

All student organization account numbers begin with  
0 - 19 - XXX - XXXX

\*Enter your account coding below

\*\$ Amount

_____	_____
_____	_____
_____	_____
_____	_____
*Total \$	_____

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

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

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

\*Advisor/Approver Name (please print): \_\_\_\_\_

\*Advisor/Approver E-mail Address: \_\_\_\_\_