

Student Organizations

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 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.

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: _____

Purchase Order # (if applicable): _____

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**

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: _____

*Authorized Approver Name (please print): _____

*Authorized Approver E-mail Address: _____