Student Organizations

Check Request

Please complete all spaces including an explanation of expense indicating reimbursement and attach ORIGINAL supporting documentation to the check request. Please submit check request to Aztec Student Union, Ste. 320.

Date of Request: _____________________ Invoice Date: _____________________
Name to Whom the Check is Payable (Payee):
___________________________________________________________________
Attention/Co.: _________________________________________________________
Address: _____________________________________________________________
City/State/Zip: _________________________________________________________
Phone (include Area Code): ______________________________________________

Student Organization Account Name: _____________________________________________________________________
Purchase Order # (if applicable): _____________________________________________________________________
Invoice # (if applicable): _____________________________________________________________________
Expense Description: _____________________________________________________________________
_____________________________________________________________________
Delivery Method: ☐ Mail ☐ Pick-up

☐ Budget Checked

__________________________________________ ______________________
__________________________________________ ______________________
__________________________________________ ______________________
__________________________________________ ______________________
__________________________________________ ______________________
__________________________________________ ______________________

(PRINT FORM, THEN SIGN) Total $ ______________________

Requester’s Requester’s
Contact Phone #: __________________ Signature: ____________________________
E-mail Address: _____________________________________________________________________

Requester Name (please print): ____________________________________________________
Signature of Advisor Authorized to Approve Expenditure: _____________________________
Advisor Name (please print): _______________________________________________________

For assistance completing this form, please contact Associated Students at 619-594-6555. Completed form should be turned into the Aztec Student Union, Ste. 320.