

CPF Check Request

Check request must be submitted to the A.S. Office, Conrad Prebys Aztec Student Union, Suite 320, by Monday at 4:00 pm for mailing the following Monday.

Please complete all spaces including an explanation of expense indicating reimbursement, refund or the applicable invoice number and attach ORIGINAL supporting documentation to the back of the check request.

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: _____

Totaled Amount Requested: _____

RSO Representative's Contact Phone #: _____

RSO Representative's E-mail Address: _____

RSO Representative's Signature: _____
 (PRINT FORM, THEN SIGN)

RSO Representative's Name (please print): _____

Delivery Method: Mail Pick-up (Person to pick-up: _____)

ACCOUNTING USE ONLY

Account Number / Line Item Number*
 X - XX - XXX - XXXX

\$ Amount

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

Budget Checked

Signature of Advisor: _____

Advisor's Name (please print): _____

For assistance completing this form, please contact the A.S. Office at 619-594-6555.

* For expenditure guidelines, visit as.sdsu.edu/stu-org-funding, CPF All In One Guide