

CPF 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. Then email the completed form and receipt(s) to the Student Organization Advisor for approval.

Advisor: Review documents, forward requester's email & attachments with a statement of approval to: asap@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: _____

Event Date: _____

Total Amount Requested: _____

RSO Representative's Name (please print): _____

RSO Representative's E-mail Address: _____

RSO Representative's Phone #: _____

Delivery Method: Mail

Advisor's Name (please print): _____

Advisor's E-mail Address: _____

ACCOUNTING USE ONLY

Account Number / Line Item Code
x - xx - xxx - xxxx

\$ Amount

Approved Date

Budget Checked

Total \$