REQUEST FOR ACCOUNTING INFORMATION
(Please print all information)

Date: ____________________________  □ E-mail  or  □ Pick Up

A.S. Funds - Account #: ___________________________________ A.S. Banking 0-19 Account #: ___________________________________

Organization Name: _____________________________________________________________________________________________

College Name: _________________________________________________________________________________________________

Requester Name: _______________________________________________________________________________________________

Phone #: ____________________________________________ E-mail: ___________________________________________________

INFORMATION REQUESTED

☐ A.S. Funds Budget/Balance Report

☐ A.S. Banking Account 0-19 Banking Statement

☐ Check Request Status

Payee: ____________________________________________ Amount: ____________________________________________

Date: ______________ Description: ________________________________________________________________

Please allow 2-3 business days for request to be completed.
Questions - Contact 619-594-6555 for assistance.
Requests held for pick up are only kept for 2 weeks.

ASSOCIATED STUDENTS USE ONLY

☐ Reviewed by: ________________________________ Date: ________________________________

☐ Completed by: ________________________________ Date: ________________________________

☐ E-mailed  ☐ Printed for Pick Up