



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 or email asaa@mail.sdsu.edu 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