



CHECK REQUEST

No: _____
Office Use Only

Student Organization Name: _____ Date: _____

Student Org. Account #: AC _____

Requestor's Name: _____

Requestor's E-Mail: _____

Requestor's Phone #: _____

Make Check Payable To: _____

Address: _____

City: _____ State _____ ZIP code. _____

Type of Check Request (MUST select one)

- Payment directly to Vendor
- Reimbursement
- Advanced check for purchases, down payments, (\$500 max.)

Brief description of expense (event, hospitality food purchase, meeting, club dues, etc.)

Chart of Account Name	Chart of Account Code	Item	Purchased From	Amount
Total:				

Printed Name of Treasurer for Club/Organization Date

Signature of Club/Organization Advisor Date

Signature of Treasurer for Club/Organization Date

Signature of ASI/SC Executive Director Date

