



CHECK REQUEST

No: _____
 (Office use only)
 Date _____
 Received: _____

Form must be typed and ALL
 required fields must be completed.

One type of request **MUST** be selected

- Advance check for purchases, down payments, etc. (\$500 max.)
- Reimbursement for purchase, or previously made payment
- Payment directly to vendor or product/service

Please include the following items with this form

- ❖ Receipts or invoices (Note: Not for advance check)
- ❖ Vendor 204 Form (Note: Submit for all parties receiving check)
- ❖ Other documents as required or appropriate

COMPLETE ALL FIELDS BEFORE SUBMITTING

Student Organization Name: _____ Date: _____
 Requestor's Name: _____ Student Organization
 Account Number: _____
 Requestor's E-Mail: _____ Requestor's Phone: _____

Check Payable To: _____

Address: _____
Mailing Address City State ZIP Code

Brief description of item purpose or event (i.e. fundraiser, banquet, membership fees, etc.):

ACCOUNT NUMBER	ACCOUNT NAME	ITEM	DEPARTMENT/STORE	AMOUNT
TOTAL AMOUNT ----->				

 Printed Name of Treasurer for Student Organization Date

 Signature of Student Organization Advisor Date

 Signature of Treasurer for Student Organization Date

 Signature of ASI Executive Director Date