

# Student Organizations

# Check Request

**Please complete all spaces including an explanation of expense indicating reimbursement and attach ORIGINAL supporting documentation to the check request. Please submit check request to Aztec Student Union, Ste. 320.**

Date of Request: \_\_\_\_\_ Invoice Date: \_\_\_\_\_  
 Name to Whom the Check is Payable (Payee): \_\_\_\_\_

Off Campus Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Payee Phone (include Area Code): \_\_\_\_\_

Student Organization Account Name: \_\_\_\_\_

Purchase Order # (if applicable): \_\_\_\_\_

Invoice # (if applicable): \_\_\_\_\_

Expense Description: \_\_\_\_\_

Delivery Method:  Mail  Pick-up By: \_\_\_\_\_

**A.S. ACCOUNTING  
USE ONLY**

Budget & RSO  
Status Verified

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Account Number 0 - 19 - XXX - XXXX	\$ Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(PRINT FORM, THEN SIGN) Total \$ \_\_\_\_\_

Requester's Contact Phone #: \_\_\_\_\_ Requester's Signature: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Requester Name (please print): \_\_\_\_\_

Signature of Authorized Officer to Approve Expenditure: \_\_\_\_\_

Name (please print): \_\_\_\_\_

E-mail Address: \_\_\_\_\_



For assistance completing this form, please contact Associated Students at 619-594-6555 or email [asaa@mail.sdsu.edu](mailto:asaa@mail.sdsu.edu). Completed forms should be turned into the A.S. Business Office, Conrad Prebys Aztec Student Union, Suite 320.