

# ASSOCIATED STUDENT ACTIVITIES CHECK REQUEST

DATE: \_\_\_\_\_

## FUNDING SOURCE

(Check applicable boxes and show splits in FS column below):

UNRESTRICTED ( 30 ) (funds raised by organization)

UPAC allocated Funds (10 )

Summer Allocation

ACTIVITY FEE ( 40 ) (Standing Allocation)

ACTIVITY CODE (if applicable) \_\_\_\_\_

ORG/ACCT # \_\_\_\_\_ ORGANIZATION: \_\_\_\_\_

**\*Original itemized receipts MUST be submitted with this form.**

EXPENSE DESCRIPTION:

EXPENSE DESCRIPTION:	FS	OBJECT CODE	AMOUNT
<b>TOTAL \$</b>			

PAYEE (please print clearly) \_\_\_\_\_

Check applicable box:

PICK UP

MAIL

MAILING ADDRESS (If applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

X \_\_\_\_\_  
TREASURER SIGNATURE (required)                      E-MAIL

X \_\_\_\_\_

**\*\*\* ADVISOR / CO-SIGNING OFFICER (please circle one)**

(An advisor/co-signing officer signature is only required for applicable requests.)

**ASA USE ONLY:**

VENDOR # \_\_\_\_\_

ORG.# \_\_\_\_\_

Vendor Initials \_\_\_\_\_

M/D (Inv#) \_\_\_\_\_

TOTAL AMOUNT \$ \_\_\_\_\_

FS	AC	S	OBJ		
_____	_____	_____	_____	\$	_____
_____	_____	_____	_____	\$	_____
_____	_____	_____	_____	\$	_____
_____	_____	_____	_____	\$	_____

Coded By: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ PU - No Address in USL

\_\_\_\_\_ Mail - Addresses Match

\_\_\_\_\_ Needs Correction

- All Check Requests are subject to ASA verification
- Check Requests take 3-7 days to process.

Date received by ASA

Received By: \_\_\_\_\_