



Associated Students, Inc.

(209) 667-3815

# 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

Club/Org. Name: \_\_\_\_\_ Date: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_ Club 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.):*

EXPENSE ACCOUNT#	ACCOUNT NAME	ITEM	DEPARTMENT/STORE	AMOUNT
TOTAL AMOUNT ----->				

\_\_\_\_\_  
Printed Name of Treasurer for Club/Organization Date

\_\_\_\_\_  
Signature of Club/ Organization Advisor Date

\_\_\_\_\_  
Signature of Treasurer for Club/Organization Date

\_\_\_\_\_  
Signature of ASI/USU Executive Director Date