Print Form

Associated Students, CSUF, Inc.
Check Requisition Form

ASI Accounting Office
Titan Student Union, Room 224
657-278-2404

Accounting Office Use Only
Vendor # _____
References _____
_____

Instructions: Ensure all information is complete and legible. Authorized signatures must be affixed to this form before a check is written. Attach appropriate backup (e.g. original receipts, contract, etc.)

Disbursement Preference
Mail ☐
Hold for Pick-up ☐
Deposit ☐

Date: _____ Action #: _____ Select Only One Program: ☐ ASI ☐ IRA

Requestor: _____ Phone #: _____

Name to Whom the Check is to be Drawn (Payee): _____

Payee's address: Street: _____

City: _____ State: _____ Zip: _____

Payee's phone number/email address: _____

Special Instructions: _____

_____

Account(s) to be Charged:

Organization/Program	Account #	Amount

Total Check Amount: _____

Invoice Number(s): _____

Expense Description: _____

_____

_____

_____ _____
Program Director Date Advisor Date

_____ _____
ASI Vice President of Finance Date ASI Executive Director/Designee Date

Accounting Office Use Only
Check #: _____ Date: _____
CSUF Signature Approval: _____

White Copy: Submit to ASI Accounting Office Yellow Copy: Retain for your Records (6/10)