CERTIFICATION FORM

- Complete the applicable sections below
- Attach this completed form to your check request

CERTIFICATION OF FAX OR COPY OF INVOICE

I certify that the attached invoice copy/fax copy from __________________________ [vendor name], invoice number ___________________ in the amount of $________________ is presented as an original invoice for payment.

Print Name, Title: ________________________________________________________________

Signature: ______________________________________________________ Date: __________

Accounting Department Certification:

I certify that the above invoice(s) has/have not been paid previously.

Signature: ______________________________________________________ Date: __________

CERTIFICATION OF MISSING RECEIPT AND INTERNET/E-MAIL PURCHASE

I certify that the receipt/invoice from __________________________ [vendor name] in the amount of $________________ is lost, missing, an Internet or e-mail charge, or not available/provided from the vendor and that the items/merchandise or services was/were received/provided. Additionally, the Internet or e-mail charge is presented as an original invoice.

Description of purchase: ____________________________________________________________

__________________________________________________________________________________

Recipient Printed Name: ____________________________________________________________

Recipient Signature (if available): __________________________________________________ Date: __________

Approved By - Printed Name: _________________________________________________________

Signature: ___________________________________________________________ Date: __________
ASSOCIATED STUDENTS, CSUF, INC.

CERTIFICATION FORM

- Complete the applicable sections below
- Attach this completed form to your check request

<table>
<thead>
<tr>
<th>CERTIFICATION OF AIRLINE TICKET USE</th>
</tr>
</thead>
<tbody>
<tr>
<td>I certify in the absence of an airline boarding pass(es) or passenger ticket(s) that the airline ticket(s) issued to ____________________________ [attach list if more than one individual name] for travel to ____________________________ [destination], from/to ____________________________ [dates of travel] was/were used for the purpose intended per the attached check request.</td>
</tr>
</tbody>
</table>

Print Name, Title: ______________________________________________________________

Signature: ___________________________ Date: ______________

<table>
<thead>
<tr>
<th>CERTIFICATION FOR TRAVEL REIMBURSEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>I certify in the absence of a paid hotel bill (zero balance) that ____________________________ [name of individual] stayed at the ____________________________ [name of hotel] for the period from/to ____________________________ [dates of stay] and was charged $__________ for this stay.</td>
</tr>
</tbody>
</table>

Print Name, Title: ______________________________________________________________

Signature: ___________________________ Date: ______________