



AGENCY ACCOUNTS
CHECK REQUEST
Associated Students, CSUF, Inc.

Vendor # _____
Verified By: _____

Amount of Check _____

Date of Request _____

Payee Name _____

Requested By & Ext _____

CWID(if applicable) _____

Address _____

Will Pick Up

Mail

Payee Phone Number _____

Deposit

Account Number and Name to be Charged _____

Purpose of Check (ATTACH ORIGINAL RECEIPTS) _____

Authorized Signature

Authorized Signature

Advisor
I certify that the two other signatures are
authorized for the current academic year.

FOR ACCOUNTING USE ONLY
Check No. _____ Date: _____

white - ASI Accounting

yellow - club/organization