



**ASSOCIATED STUDENTS INC**

**CALIFORNIA STATE UNIVERSITY, FULLERTON™**

**AGENCY ACCOUNT CHECK REQUEST**

Date of Request \_\_\_\_\_

Requested By \_\_\_\_\_ CWID \_\_\_\_\_

Phone Number \_\_\_\_\_

CSUF E-mail Address \_\_\_\_\_

Payee \_\_\_\_\_ CWID (if applicable) \_\_\_\_\_

Payee Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Organization \_\_\_\_\_ Agency Account # \_\_\_\_\_

Distribution: Mail  Hold for Pickup

Invoice Number	Description	Amount
	8047 – Hospitality	
	8050 – Supplies	
	8051 – Printing/Advertising	
	8053 – Professional Services	
	8074 - Rentals	
	8077 - Travel	
	8079 – Dues & Subscriptions	
	8093 – Gift Cards	
	8152 - Postage	
	8551 - Speakers	
	9154 - Awards	
	<b>Total:</b>	

Purpose of Check \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All requests must be accompanied by original receipts. For assistance with completing this form, please contact the ASI Financial Services Office at [asifinancialservices@fullerton.edu](mailto:asifinancialservices@fullerton.edu) or 657-278-2404.

\_\_\_\_\_  
Authorized Signature (Officer)

\_\_\_\_\_  
Authorized Signature (Officer)

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

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

**Return form by email to:** ASI Financial Services | [asifinancialservices@fullerton.edu](mailto:asifinancialservices@fullerton.edu) | Associated Students Inc. CSUF | 800 N. State College Blvd, Fullerton, CA 92831

Financial Services Office Only: Vendor No. \_\_\_\_\_ Signature & Acct Balance Verified By \_\_\_\_\_ Date \_\_\_\_\_

Time Stamp:  
\_\_\_\_\_