



Associated Students Inc., CSUF

Check Requisition Form

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

Time Stamp: [ ]

All check requests must be submitted by Monday 10:00am to be processed for payment. Checks will be available for pick up Friday at 3:00pm

Budget Type: ASI [ ] TSC [ ] IRA [ ] Date: \_\_\_\_\_

Payee: \_\_\_\_\_ CWID (If Applicable): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Department/Program/Organization: \_\_\_\_\_

Distribution: Mail [ ] Hold for Pickup [ ] By: \_\_\_\_\_

Table with 3 columns: Invoice Number, Account, Amount. Includes a Total row.

Description of Expenses:

Blank lines for describing expenses.

All requests must be accompanied by original receipts (copies if lost). Receipts must be taped to a sheet of paper and attached to this form in order for reimbursement to be processed.

I authorize that all attached itemized goods/ services have been received by me on behalf of the above group or department and were used exclusively for legitimate purposes in accordance with an ASI grant or ASI budget policies.

Print: \_\_\_\_\_

Print: \_\_\_\_\_

Sign: \_\_\_\_\_

Sign: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Authorized Approver

Requestor

Accounting Use Only

W-9 on file: Yes [ ] No [ ]
Vendor Number: \_\_\_\_\_
Budget Checked: [ ]

Authorized Signature
Verified By
\_\_\_\_\_

Processed By:
Date: \_\_\_\_\_
Initial: \_\_\_\_\_