ASSOCIATED STUDENTS, CSUF, INC.

CERTIFICATION FORM

- Complete the applicable sections belowAttach 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 PURCH	ASE
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/provid	ded. 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

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CERTIFICATION OF AIRLINE TICKET USE

I certify in the absence of an airline boarding pass(es) or passenge	er ticket(s) that the	airline ticket(s) issued to
[attach list if more th	an one individual	name] for travel to
[destination], from/to		[dates of
travel] was/were used for the purpose intended per the attached ch	neck request.	
Print Name, Title:		
Signature:	Da	ate:
CERTIFICATION FOR TRAVEL REIMBURSEMENT		
I certify in the absence of a paid hotel bill (zero balance) that		
[name of individual] stayed at the		
the period from/to	_ [dates of sta	y] and was charged
\$ for this stay.		
Print Name, Title:		
Signature:	Da	ate: