



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: Date completing this form

Payee: (Name of Person Being Reimbursed or paid) CWID (If Applicable): If Student, please include CWID

Payee Address: (Mailing Address of the person being Reimbursed or paid)

Phone: (Phone of payee) Email: (Email of payee)

Department/Program/Organization: (Name of the sponsoring council/ICC)

Distribution: Mail Hold for Pickup By: _____

Invoice Number	Account Number	Amount
	#####-####	\$ ##.##
	Account – Line Item of the	
	Account the transaction is being	
	drawn from	
Total:		\$ 0.00

Detailed Description of Expenses (itemize all items included in request; attach additional pages if needed):

— Provide a description of the Expense _____
 — For example: Reimbursement for pizza for Titan Appreciation Event on 8/23/2021; Titan Appreciation Club
 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. For missing receipts please complete a Certification of Receipt form. For assistance with completing this form, please contact the ASI Accounting office at 657-278-2404.

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. All IRA request must be in accordance with the University's policies and procedure. (Note: Requestor signature cannot be the same as the authorized approver signature.)

Print: Name of person completing the form Print: Leave blank for ASI Staff to complete/sign

Sign: Signature of person completing the form Sign: Leave blank for ASI Staff to complete/sign

Contact Phone #: Phone of person completing the form Authorized Approver
 Requestor

Accounting Use Only

W-9 on file: Yes No

Vendor Number: _____

Budget Checked:

Authorized Signature

Verified By

Processed By:

Date: _____

Initial: _____

Please make sure to attach all paid receipts showing the details of what was purchased or respective documentation. Any attachments need to be clear and readable.