



Associated Students Inc., CSUF
Check Requisition Form
 ASI Financial Services Office
 Titan Student Union, Room 224
 657-278-2404

Time Stamp:

All check requests must be submitted electronically to asifinancialservices@fullerton.edu by Monday 5:00pm to be processed in that week's batch. Checks will be mailed or available for pickup on that Friday.

Budget Type: ASI TSC CC ATH **Date:** _____

Payee: _____ **CWID (If Applicable):** _____

Payee Address: _____

Phone: _____ **Email:** _____

Department/Program/Organization: _____

Distribution: Mail Hold for Pickup By: _____
 [Note: Checks that are not picked up within one week will be mailed.]

Invoice Number	Account Number	Amount
Total:		

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

All requests must be accompanied by original receipts (copies if lost). For missing receipts, please complete a Certification of Receipt form. For assistance with completing this form, please contact the ASI Financial Services 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. (Note: Requestor signature cannot be the same as the authorized approver signature.)

Print: _____

Print: _____

Sign: _____

Sign: _____

Contact Phone #: _____

Authorized Approver

Requestor

Financial Services Use Only

W-9 on file: Yes No
Vendor Number: _____
Budget Checked By: _____

Authorized Signature

Verified By

Processed By:
Initial: _____
Date: _____