



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 Number, Amount. Includes a Total row.

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

Blank lines for detailed description of 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: _____