

# ASSOCIATED STUDENT ACTIVITIES

## CHECK REQUEST

DATE: \_\_\_\_\_

### FUNDING SOURCE

(Check applicable boxes and show splits in FS column below):

☒ UNRESTRICTED ( 30 ) (funds raised by organization)

☐ UPAC allocated Funds (10)

☐ Summer Activity Allocation

☐ ACTIVITY FEE ( 40 ) (Standing Allocation)

ACTIVITY CODE (if applicable) \_\_\_\_\_

ASA USE ONLY:	
VENDOR # _____	<input type="checkbox"/> PU-No Address in USL <input type="checkbox"/> Mail-Addresses Match <input type="checkbox"/> Needs Correction
ORG.# _____	
Vendor Initials _____	Ref. Memo _____
TOTAL AMOUNT \$ _____	
FS	AC S OBJ
_____ - _____ - _____ - _____	\$ _____
_____ - _____ - _____ - _____	\$ _____
_____ - _____ - _____ - _____	\$ _____
_____ - _____ - _____ - _____	\$ _____
Coded By: _____ Date _____	
Reviewed By: _____ Date _____	

ORG/ACCT # 1657 ORGANIZATION: HackPSU

\*Original itemized receipts **MUST** be submitted with this form

EXPENSE DESCRIPTION:

EXPENSE DESCRIPTION:	FS	OBJECT CODE	AMOUNT
	30	70010	
TOTAL \$			

PAYEE (please print clearly) \_\_\_\_\_

Check applicable box:

☐ PICK UP

☒ MAIL

MAILING ADDRESS (If applicable):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

X \_\_\_\_\_  
 TREASURER SIGNATURE (required) E-MAIL

X \_\_\_\_\_

\*\*\* ADVISOR/ CO-SIGNING OFFICER (please circle one)

( An advisor / co-signing officer signature is only required for applicable requests.)

<ul style="list-style-type: none"> <li>• All Check Requests are subject to ASA Verification</li> <li>• Check Requests may take several days to process.</li> </ul> <p>Please consult an ASA Representative.</p>
<p>Date received by ASA</p> <p>Received By: _____</p>