

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 # _____

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:

FS OBJECT CODE AMOUNT

	30	70010	
TOTAL \$			


PAYEE (please print clearly) _____

Check applicable box:

☐ PICK UP

☒ MAIL

MAILING ADDRESS (If applicable):

x  rbo5046@psu.edu
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.)

- All Check Requests are subject to ASA Verification
 - Check Requests may take several days to process.
- Please consult an ASA Representative.

Date received by ASA

Received By: _____