

# 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:

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

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

Check applicable box:

☐ PICK UP

☒ MAIL

MAILING ADDRESS (If applicable):

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

x Garrett Sullivan gds5178  
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: \_\_\_\_\_