

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 Allocation

☐ ACTIVITY FEE (40) (Standing Allocation)

ACTIVITY CODE (if applicable) _____

ORG/ACCT # _____ ORGANIZATION: _____

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

EXPENSE DESCRIPTION:

	FS	OBJECT CODE	AMOUNT
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.)

ASA USE ONLY:

VENDOR # _____

ORG.# _____

Vendor Initials _____

M/D (Inv#) _____

TOTAL AMOUNT \$ _____

FS	AC	S	OBJ	
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Coded By: _____ Date: _____

Reviewed By: _____ Date: _____

____ PU - No Address in USL
____ Mail - Addresses Match
____ Needs Correction

- All Check Requests are subject to ASA verification
- Check Requests take 3-7 days to process.

Date received by ASA

Received By: _____