

# Check Request

**Check request must be submitted to the A.S. Office, Conrad Prebys Aztec Student Union, Suite 320, by Monday at 4:00 pm for mailing the following Monday.**

**Please complete all spaces including an explanation of expense indicating reimbursement, refund or the applicable invoice number and attach ORIGINAL supporting documentation to the back of the check request.**

**Attach backup to check when mailing**

Date of Request: \_\_\_\_\_ Invoice Date: \_\_\_\_\_  
 Name to Whom the Check is Payable (Payee): \_\_\_\_\_

Off Campus Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Payee Phone (include Area Code): \_\_\_\_\_

Name of Organization or Affiliation: \_\_\_\_\_

Purchase Order # (if applicable): \_\_\_\_\_

Invoice # (if applicable): \_\_\_\_\_

Expense Description: \_\_\_\_\_  
 \_\_\_\_\_

Delivery Method:  Mail  Pick-up By: \_\_\_\_\_

<input type="checkbox"/> Budget Checked	Account Number / Line Item Number** X - XX - XXX - XXXX	\$ Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(PRINT FORM, THEN SIGN) Total \$ \_\_\_\_\_

Requester's Contact Phone #: \_\_\_\_\_ Requester's Signature: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Requester Name (please print): \_\_\_\_\_

Signature of Advisor/Budget Manager Authorized to Approve Expenditure: \_\_\_\_\_

Advisor/Budget Manager Name (please print): \_\_\_\_\_