

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)
- ACTIVITY FEE (40) (Standing Allocation)

ACTIVITY CODE (if applicable) _____

ASA USE ONLY:

VENDOR # _____ ORG.# _____

Vendor Initials _____ M/D (Inv#) _____

TOTAL AMOUNT \$ _____

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

Coded By: _____ Date _____

Reviewed By: _____ Date _____

ORG/ACCT # _____ **ORGANIZATION:** _____

***IF UPAC FUNDED ID#** _____

EXPENSE DESCRIPTION:

EXPENSE DESCRIPTION:	FS	OBJECT CODE	AMOUNT
*IF OPEN PO#:	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)**

- All Check Requests are subject to ASA verification

Date received by ASA

Received By: _____

IMPORTANT: THIS FORM IS NOT FOR PERSONAL MILEAGE. USE MILEAGE REQUEST FORM.