



# Check Request

Check request must be submitted to the A.S. Business Office, Aztec Center Rm. 168, by Monday at 4:00 pm for mailing the following Monday.

Check one:

Check Request  Cash Advance

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.

ALL CHECKS WILL BE MAILED ON MONDAYS

Attach backup to check when mailing

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

Attention/Co.: \_\_\_\_\_

Change of Address

Address: \_\_\_\_\_

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

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

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

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

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

Delivery Method:  Mail to address above  Will pick-up  Send to A.S. department

Purpose (please check one):  Travel  Reimbursement  Contracts  CCR  Other

Account Number / Line Item Number\*\*  
X - XX - XXX - XXXX

\$ Amount

Account Number / Line Item Number** X - XX - XXX - XXXX	\$ Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**For Accounting Office Use Only:**

Check #: \_\_\_\_\_

Date: \_\_\_\_\_

Entered by: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

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

For assistance completing this form, please contact the A.S. Business Office at 619-594-6487.

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

Signature of Adviser Authorized to Approve Expenditure: \_\_\_\_\_

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

\*\*For a complete list of all object codes and descriptions, visit as.sdsu.edu/AS\_Dollars