



# CSUF Accounting Society

## Fall 2017 Gift Card Form

NOTE: Please attach all original receipts/invoices along with one additional copy to the back of this form using a paperclip and allow two to three weeks for processing. Only officers and chairpersons of Accounting Society are allowed to use this form for requesting checks. Those who opt to pick up their check may do so at the ASI Accounting Office (TSU 224) after notification from Treasurer.

Payee Name: \_\_\_\_\_

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

CWID: \_\_\_\_\_

Event Name/Date: \_\_\_\_\_

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

Payment in Advance:  Expense Reimbursement:   
 Mail Check:  Pick Up:

Phone Number: \_\_\_\_\_

Total Amount: \$ \_\_\_\_\_

Name	Gift Card & Amount	Signature of Recipient

DO NOT WRITE BELOW THIS LINE

### APPROVAL

Signature required from  
 Treasurer **AND** President/Vice President

\_\_\_\_\_  
 Treasurer  
*Jocelyn Lee*

\_\_\_\_\_  
 President | Vice President  
*Katherine Diep | Jenny Tran*

### DISBURSEMENT VERIFICATION

Member, please verify that the following information is correct and sign on the line

Date: \_\_\_\_\_  
 Amount Received: \$ \_\_\_\_\_  
 Check Number: \_\_\_\_\_

Member Signature: \_\_\_\_\_