



CSUF Accounting Society

Fall 2017 Check Request 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: \$ _____

Receipt	Vendor	Description	Amount
1			
2			
3			
4			
5			
6			

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: _____