Request for Distribution of Funds
Allow 7 - 10 business days for processing
Attach all ORIGINAL RECEIPTS and CONTRACTS
***Forms not filled out completely will be voided***

Student Org Name: ___________________________ Date: __________
Requesting Party: ___________________________
E-mail: ____________________________________
Phone: _____________________________________

Payable to: ___________________________ Amount: ________
Tax ID/ SSN/OR ID #: ____________________________
*Do not leave blank
Address: ______________________________________
E-mail: ____________________________________
Phone: _____________________________________

Please fill out the following for meetings, conferences & events:
Number of Attendees: ________________
Provide an attendance sheet for reimbursement for any general body meeting.

[ ] Hold at Cashier (only to be used for performance contracts)

Title of Event: ______________________________________
Business Purpose: ______________________________________

P: ___________________________ If you paid from a club/department
O: ___________________________ account and would like the funds
E: ___________________________ transferred directly to that account
T: ___________________________ please provide your POETS.
S: ___________________________

Check needed by (NO ASAP): __________________________ Check (over $100) ________ OR
Cash (under $100) ________

FOR QUESTIONS OR CONCERNS PLEASE CONTACT
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