

AS TEAM ONLY



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*****

Requesting Party: _____	Date: _____
Signature of Authorized AS Team Member.: _____	
E-mail: _____	
Phone: _____	

Payable to: _____	Amount: _____
Tax ID/ SSN/ USD ID: _____	
E-mail: _____	
Address: _____	
Phone: _____	

_____ Check (over \$100)
 _____ Cash (under \$100)

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

Check needed by (NO ASAP): _____

Source of Funds: (FILL OUT COMPLETELY)					
	Department*	Account #	Task Number	Event	Amount
eg:	Multicultural Prog	ASST00025	01	Torero Wipeout	\$2,000

*Department refers to your A.S. position

FOR QUESTIONS OR CONCERNS PLEASE CONTACT
 ANDREW LIKENS, VP FOR FINANCE
 ASFINANCE@SANDIEGO.EDU