



ASSOCIATED STUDENTS  
UNIVERSITY OF SAN DIEGO

### AS GRANTS ONLY

#### Request for distribution of funds

Allow 7-10 days for processing

Attach all ORIGINAL ITEMIZED RECEIPTS and CONTRACTS

**\*\*Forms not filled out completely will be voided\*\***

Journal Entry

Reimbursement via Check

Reimbursement via Direct Deposit\*

\*If this is your first time using direct deposit, you will be required to fill out additional paperwork.

Name of Requesting Party: \_\_\_\_\_ Date: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Payable to: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Tax ID/SSN/OR School ID #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

**Provide a purpose of the grant and a description of your purchases:**  
 Name of Grant Recipient: \_\_\_\_\_ Project #: \_\_\_\_\_  
 Purpose of grant: \_\_\_\_\_  
 \_\_\_\_\_  
 Description of purchases: \_\_\_\_\_

P: \_\_\_\_\_  
 O: \_\_\_\_\_  
 E: \_\_\_\_\_  
 T: \_\_\_\_\_  
 S: \_\_\_\_\_

**\*\*Complete POETS only if you paid from a club/dept account. Funds will be transferred directly to that account. Please check the "journal entry" box above.\*\***

Check needed by (NO ASAP): \_\_\_\_\_

### Do you have everything you need?

<p><b>Under \$100:</b></p> <p><input type="checkbox"/> Itemized receipt</p>	<p><b>Over \$100:</b></p> <p><input type="checkbox"/> Itemized receipt</p> <p><input type="checkbox"/> Proof of Payment (Copy of CC or bank statement showing purchase)</p> <p><input type="checkbox"/> Attendance sheet (if purchasing food)</p>	<p><b>For Professional Reimbursement also include:</b></p> <p><input type="checkbox"/> W-9</p> <p><input type="checkbox"/> Performance Contract (for services purchased)</p>
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**\*\*Please return form to Madeline Kreig in SLP 308\*\***  
 FOR QUESTIONS OR CONCERNS PLEASE CONTACT THE FINANCE CHAIR  
 ASFINANCE@SANDIEGO.EDU