



ASSOCIATED STUDENTS UNIVERSITY OF SAN DIEGO

# ASBC Check Request

Request for distribution of funds

Allow 10-14 business days for processing

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

<input type="checkbox"/> <b>Journal Entry</b> <input type="checkbox"/> <b>Reimbursement via Check</b> <input type="checkbox"/> <b>Reimbursement via Direct Deposit*</b> <small>*If this is your first time using direct deposit, you will be required to fill out additional paperwork.</small>
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Student Org Name: _____	Phone: _____
Requesting Party: _____	Email: _____
Date: _____	

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

Event Info (Mandatory for All Reimbursements)	
Title of Event: _____	Date of Event: _____
Number of Attendees: _____	
Items Purchased: _____	
Justification of Purchase: _____	

**Hold check at Accounts Payable (only to be used for performance contracts)**

P: _____	<b>**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.**</b>
O: _____	
E: _____	
T: _____	
S: _____	

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

### Do you have everything you need?

Under \$100:	Over \$100:	For Professional Reimbursement also include:
<input type="checkbox"/> Itemized receipt	<input type="checkbox"/> Itemized receipt <input type="checkbox"/> Proof of Payment (CC copy or bank statement showing purchase) <input type="checkbox"/> Attendance sheet (if purchasing food)	<input type="checkbox"/> W-9 <input type="checkbox"/> Performance Contract (for services purchased) <input type="checkbox"/> IRS 587 Form (for services purchased out of state)

**\*\*Please return form to Madeline Kreig in SLP 308\*\***

FOR QUESTIONS OR CONCERNS PLEASE CONTACT THE FINANCE CHAIR AT ASFINANCE@SANDIEGO.EDU