

AS/TPB 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: _____
AS/TPB Position: _____	
Phone: _____	
Email: _____	

Payable to: _____	Amount: _____
Tax ID/ SSN: _____	
Address: _____	

E-mail: _____	
Phone: _____	

Please fill out the following for meetings, conferences & events:

Number of Attendees: _____

Provide an attendance sheet for all meetings.

Business Purpose: _____

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

Source of Funds: (FILL OUT COMPLETELEY)

	Account #	AS/TPB Position	Task Number	Event	Amount
<i>eg:</i>	<i>ASST00025</i>	<i>Multicultural/Arts</i>	<i>01</i>	<i>March of Toreros</i>	<i>\$2,000</i>

*Department refers to your AS position

Check needed by (NO ASAP): _____ Check (over \$100) _____ OR
Cash (under \$100) _____

FOR QUESTIONS OR CONCERNS PLEASE CONTACT
DIANA RODRIGUEZ AGISS, FINANCE CHAIR
ASFINANCE@SANDIEGO.EDU