

ASMPc Account Check Requisition

USE THIS FORM TO SPEND THE MONEY IN ONE OF THESE FOUR ASMPc ACCOUNTS:

Circle One:

ASMPc

SRC

ICC

AC

Vice President

Director of Representation

Director of Clubs

Director of Activities

BUDGET CATEGORY _____

\$ AMOUNT _____ DATE _____

PAYEE _____

ADDRESS _____

PURPOSE _____

REQUESTED BY _____

CLUB ADVISOR SIGNATURE _____

(Required for all ICC requests)

Contact when check is ready _____

Mail Check _____ Pick up Check _____

(Staple Receipts Here)

Instructions:

1. Fill out this form completely. Failure to provide all of the necessary information will result in delay.
2. Attach all original receipts and double check to be sure the total amount is correct.
3. Make a copy for your records.
4. Return completed form with receipts to the Student Activities Office in the Student Center.
5. Allow one week for the check to be processed.
6. Checks can be picked up at the Fiscal Services Office located in the Administration Building.
7. All receipts must be turned in to Fiscal Services or to the Student Activities Coordinator.

THESE SIGNATURES WILL BE OBTAINED AFTER THIS FORM IS RETURNED TO THE STUDENT ACTIVITIES OFFICE.

X _____

APPROVAL OF ASMPc PRESIDENT

X _____

APPROVAL OF ASMPc ADVISOR

X _____

APPROVAL OF VICE PRESIDENT OF STUDENT SERVICES

(For Accounting use only)

Account	No.	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____