

# ASMPc Account Check Requisition

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

Circle One:

**ASMPc**

**SWC**

**ICC**

**AC**

**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** \_\_\_\_\_

**Reimbursement** \_\_\_\_\_ **Advance** \_\_\_\_\_

**(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 DEAN OF STUDENT SERVICES**

(For Accounting use only)

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