



FUND:  Associated Students  Bookstore  Community Education  Diversified Agency  Diversified Trust

Date Requested: \_\_\_\_\_

Account Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Check Requested By: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name Department Phone/Ext.#

Payee: \_\_\_\_\_ PO#: \_\_\_\_\_ Check#: \_\_\_\_\_

Address: \_\_\_\_\_

Datatel ID# / SSN# / Tax ID# : \_\_\_\_\_ Is payee an employee of the District?  Yes  No

DESCRIPTION OF EVENT, ARTICLES OR SERVICES
WHO: _____
WHAT: _____
WHEN: _____
WHERE: _____
WHY: _____

DATE OF PURCHASE	DESCRIPTION OF INVENTORY / PURCHASES	AMOUNT
TOTAL \$		

- Please check one:**
- Mail check to Payee
  - Send check to Requestor
  - Will pick up check
  - Other \_\_\_\_\_

**Approval:**  
**Requestor:**  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_

**Dean/Director:**  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_

<p><b>FOR ASSOCIATED STUDENT USE ONLY:</b></p> <p>Student Activities Coordinator: _____</p> <p>Club Advisor: _____</p> <p>ASG/Club President: _____</p>
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<p><b>FOR STUDENT BUSINESS OFFICE USE ONLY:</b></p> <p>Processes By: _____</p> <p>Senior Acct Rev: _____</p> <p>Director of Aux Rev: _____</p>
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\*\*\* Check turnaround is 7-10 business days from the date SBO receives request \*\*\*

\*\*\* Be sure to attach Original Receipts, Invoices, Event Flyers, and Required Forms \*\*\*

\*\*\* Please attach a W9 if vendor is not in Datatel or we will be unable to process \*\*\*