



Please check one: *Request for cash advance Authorization for payment

Please check one: Mail check Call/contact for pick up
phone _____

date _____ amount \$ _____

Please print or type

Draw check payable to:

Name _____

Street _____

City _____ State _____ Zip _____

Email address _____

Student ID #/Social Security #/Tax ID # _____

Charge accounts as follows:

	G/L description	amount
_____		\$ _____
G/L account	__ __ - __ __ - __ __ - __ __ - __ __ - __ __ - __ __ - __ __ -	
_____		\$ _____
G/L account	__ __ - __ __ - __ __ - __ __ - __ __ - __ __ - __ __ - __ __ -	
_____		\$ _____
G/L account	__ __ - __ __ - __ __ - __ __ - __ __ - __ __ - __ __ - __ __ -	

Remarks: (ie: event name date, allocation/initiative approval date) _____

APPROVED BY

organization advisor

organization student representative

ASDVC President (or designee)

ASDVC Controller (or designee)

Dean of Student Life (or designee)

CASHIER'S INFORMATION

Check no. _____

Amount \$ _____

Paid by _____

Date paid _____

Received by _____

Date received _____

*Receipts and unused cash are to be brought to Cashier's Office.