HUMBOLDT

CHECK REQUEST

Associated Students Business Office
1 Harpst Street, Arcata, California 95521 · 707-826-3771

PROGRAM / CLUB: _____ DATE: _____

PAYEE: _____ THIS CHECK IS TO BE:

ADDRESS: _____ ☐ MAILED

_____ ☐ PICKED UP BY: _____

DESCRIPTION OF EXPENDITURE: _____

_____

_____
REQUESTED BY

PEID NO:

Program / Club Advisor Certification: I certify that the attached invoices/ receipts are for items received and used for the program as intended.

_____
Signature / Approval

AMOUNT	ACCOUNT NUMBER	ACCOUNT NAME	INVOICE #	INV. DATE	RELATE CODE
0.00					

TOTAL

OFFICE USE ONLY

OFFICE COORD. _____ ADMIN VICE PRES. _____ GENERAL MANAGER _____

RECEIPTS:

_____ EXEMPT _____ MORE THAN REQUESTED FOR REIMB.

_____ TO FOLLOW REASON _____

W-9 _____ ON FILE ____ REQUESTED DATE _____ EXEMPT _____

VOUCHED _____ A.B.S. APPROVAL _____

RETAIN COPY FOR YOUR RECORDS!!!

THIS FORM IS ALSO AVAILABLE AT:
http://humboldt.edu/associatedstudents/services/as-business-services