



capital group

CHECK REQUEST



ASSOCIATED STUDENTS OF STANFORD UNIVERSITY
201 TRESIDDER MEMORIAL UNION
459 LAGUNITA DRIVE BOX #7
STANFORD, CALIFORNIA 94305-3070
(650) 723-4331

ORGANIZATION NAME				ASSU ACCOUNT NO. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
FINANCIAL OFFICER'S SIGNATURE	PRINTED NAME	PHONE NO.	EMAIL ADDRESS	DATE	
COSIGNATURE (required when financial officer is also a payee)	PRINTED NAME	PHONE NO.	EMAIL ADDRESS	DATE	

INSTRUCTIONS	TYPE (T)	CYCLE (C)
1. Complete the above section with organization information. 2. Issue up to three checks using the bottom sections. 3. Complete the Account column for each expense. 4. "X" out unused areas. 5. Attach appropriate documentation. 6. Keep the yellow copy for your records. 7. Use a journal transfer to pay other VSOs or University departments. 8. Place in the "In Box."	0 Business Office 1 Checking 2 Special Fee 3 Publications Board 4 Program Board 5 Community Service 6 GSC Funding 7 Parent Funding	0 Non-Funded 1 Summer 2 Fall 3 Winter 4 Spring 5 Annual

PAY TO	INVOICE # / DESCRIPTION	ACCOUNT			AMOUNTS
		T	C	GL CODE	
ENTER ADDRESS ONLY IF CHECK IS TO BE MAILED					
Status: <input type="checkbox"/> Entered <input type="checkbox"/> Partially Rejected <input type="checkbox"/> Rejected		sig	date	GRAND TOTAL	

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Status: <input type="checkbox"/> Entered <input type="checkbox"/> Partially Rejected <input type="checkbox"/> Rejected		sig	date	GRAND TOTAL	

ASSU COMMENTS	_____ ASSU FINANCIAL MANAGER
ASSU COPY - WHITE / ORIGINATOR COPY - YELLOW	