

CHECK REQUEST FORM

AAS TREASURER AND BUDGETARY COMMITTEE

INSTRUCTIONS: Payment will not be made unless this form is properly and completely filled out. Attach all supporting documents to this form. Acceptable documentation includes typed and online receipts, contracts, and vendor invoices. **Check requests submitted without documentation will not be reimbursed.** Put completed requests in the lockbox on the door to the AAS office (room 100) in Keefe Campus Center.

Requestor Affidavit: *I, the undersigned requestor, believe that the attached receipts, contracts, and invoices represent legitimate expenditures made for the items authorized by the BC in my organization's budget or in a pre-approved request for discretionary funding. I believe these expenditures are in compliance with the BC non-discrimination and accessibility policies.*

_____ (Name of Organization)

_____ (Name of Requestor)

_____ (Signature of Requestor)

Make check payable to:

_____ (Name of Payee)

Send check to:

_____ (Name)

_____ (Address or Campus Box)

_____ (City, State Zip)

Itemization of Request(s)

For discretionary fund reimbursements, please write the week of the discretionary funding allocation and the line item number assigned in the Weekly Discretionary Allocation Report (WDAR) issued to the requestor.

Line Item	Budget Line Description	Amount Requested
Total		