SAN DIEGO MIRAMAR COLLEGE

ASSOCIATED STUDENT BODY

CHECK REQUISITION FORM

DATE: _____

INSTRUCTIONS:

1 Submit an approved copy of this form to the Accounting Office along with original receipt(s)/ invoice(s) from the vendor.
2 Please allow at least "5" business days for processing.
3 Please make a **copy** of the completed form for your records.

ISSUE CHECK TO:

NAME:	
E-MAIL/PHONE #:	
ADDRESS:	
CITY/STATE:	

MAIL CHECK: ☐
PICK UP: ☐
(Accounting Office)
ROUTE CHECK TO:

ACCOUNT NUMBER INFORMATION

CHARGE TO	ACCT # :
CLUB NAME	

DESCRIPTION OF ACTIVITY (Please attach original receipt(s)/ invoice(s)	

SUB-TOTAL	0.00
TAX	0.00
GRAND TOTAL	0.00

REQUESTED BY: _____
DEPARTMENT #: _____
PHONE #: _____

APPROVAL SIGNATURES:

ASG EXECUTIVE _____ DATE _____

CLUB ADVISOR _____ DATE _____

ASG ADVISOR _____ DATE _____

ACCOUNTING OFFICE _____ DATE _____