



ASO TRUST CHECK REQUEST VOUCHER

Voucher No.: 7099

To: Financial Services

Pay to the Order of: _____

Club/Organization: _____

Purpose: _____

Date of Activity: _____ Activity Request No. _____

Date: _____

Amount: \$ _____

☐ Mail ☐ Will Pick Up

Address: _____

Funding Source:

☐ ICC Allocations Account No. 4680

☐ ASO Funds

ASO Account No: _____ ASO Account Name: _____

Type of Payment Requested:

☐ **Cash Advance** (\$100 maximum for students, \$500 maximum for advisor)

(a) Attach itemized Cash Advance Form (per submission)

(b) Original Receipt/s to be submitted to Cashiering Center

☐ **Reimbursement** (Original receipts must be attached)

☐ **Direct Payment** (Invoice or Contractor Agreement must be attached)

☐ **Account Transfer** (From) _____ To) _____

For any questions of clarification, please call 619.482.6568 or ext 6568.

Approval Signatures

ASO Executive Board Officer: _____

ASO Advisor: _____

Governing Board Designee: _____

DO NOT WRITE BELOW THIS LINE

Check Number: _____

Received by: Print Name _____

Signature: _____ Date _____

OSA/LOG _____ Database _____ ASO VPF _____

Director _____ Dean _____ Finance Dept. _____