



Accounting Office – ASOCC Check Request/Account Transfer Form

Associated Students

Date: _____

Student Club/Organization Name _____

1. Please issue a transfer in the amount of: _____ Transfer from Account # _____

Transfer to Account # _____

2. Please issue a check in the amount of: _____ Charge Account # _____

Payable To: (Name and Address)

Date Required: _____

Hold

Mail

Requestor _____

If "Payable To:" line is a student, please provide Student ID #

Club/Organization Officer Signature _____

Student OCC ID # _____

Club/Organization Advisor Signature _____

Payment For:

Approval: Student Services Manager

Attach the following:

1. Original itemized receipts showing proof of payment/invoices/etc.
2. Proof of payment (cancelled check, credit card statement, bank statement, etc).
3. Completed ASOCC Club Minutes for Expenditures Approvals Form.

FOR OFFICE USE ONLY:

Received:

- Receipts/invoices/etc.
- Proof of payment (cancelled check, credit card statement, bank statement, etc).
- Completed ASOCC Club Minutes for Expenditures Approvals Form.

Notes: _____
