



ASSOCIATED STUDENTS
SAN JOSÉ STATE UNIVERSITY

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Requisition for Fund

ORGANIZATION INFORMATION	
ACCOUNT NUMBER	DATE
ACCOUNT NAME	
<input type="checkbox"/> A.S. Funding	<input type="checkbox"/> Campus Organization

INSTRUCTIONS (Select one (1) of the following)

- Please draw **CHECKS** in payment of the items listed below.
(NOTE: **IMPORTANT** – Bills, Receipts, Trip Reports, etc. must be submitted with requisition. Subject to holds.)
- Please issue a **PURCHASE ORDER** for the items listed below.
(NOTE to Treasurer of Organization: Do not enter more than one vendor on a requisition.)
- Submit **CONTRACT** requests as soon as programming is approved.
Allow minimum of 10 days for completion of contract. Check **WILL NOT** be issued until signed contract is on file in the Associated Students General Services Center.
- Journal Entry
- BUDGET LINE ITEM TRANSFER

ALLOW 3 BUSINESS DAYS FOR PROCESSING

DESCRIPTION	
TYPE OF REQUEST <input type="checkbox"/> ADVANCEMENT <input type="checkbox"/> REIMBURSEMENT <input type="checkbox"/> OTHER: _____ _____ _____	REASON FOR CHECK

VENDOR/PAYEE INFORMATION* - 1 per form

MAKE PAYABLE TO: _____ ADDRESS: _____ _____ _____ AMOUNT: \$ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 80px; height: 20px;"></td><td style="width: 40px; height: 20px;"></td></tr></table> PAYEE PERSONAL EMAIL: _____ SJSU ID (IF APPLICABLE): _____ PAYEE PHONE NUMBER: _____ INDICATE DISPOSITION OF CHECK: <input type="checkbox"/> MAIL <input type="checkbox"/> IT WILL BE CALLED FOR BY: _____			FOR OFFICE USE ONLY

I certify that I have been duly authorized to sign requisitions on the funds of the above account. Account Signature: _____ Date: _____	VERIFIED/APPROVED BY: _____ Date: _____
	A.S. Executive Director: _____ Date: _____

Return signed form to A.S. General Services Center, Main Floor, Student Union. Room 1800, 408.924.6200

*Contact information – required due to “Unclaimed Property” reporting requirements