



Financial Transaction Form

REMINDER: A check could take three (3) weeks to process. Check requests are processed every Wednesday – so keep this in mind when making requests. Your cooperation in planning ahead and working with the Finance Office is most appreciated!

*****BE SURE TO MAKE A COPY OF ALL FINANCIAL TRANSACTION FORMS AND SUPPORTING DOCUMENTS FOR YOUR CLUB/ORGANIZATION RECORDS.*****

Today's Date: _____

Date Check Needed: _____

Person Completing Form: _____

Club or Organization Affiliation: _____

Contact Information: _____
Phone Number Email Address

TRANSACTION REQUEST: *Please indicate the type of transaction you would like to make.*

- ☐ **Cash Advance: \$_____**
NOTE: Cash Advances may not exceed \$500. All receipts and unused funds must be returned to the Finance Office within five (5) days of receipt. Return receipts attached to a copy of this form.

Make check payable to: _____

- ☐ **Credit Card Payment : \$_____**
*NOTE: Documentation or detailed list of items and costs will be required prior to payment. Make appointment with Campus Life for transaction. ***Please email ASSMU Advisor to schedule card payment****

Payment to: _____

Reason for charge: _____

- ☐ **Check Request - Student/Performer/Vendor Payment Request: \$_____**
NOTE: All performer contracts must be signed by Campus Life. For performer or vendor payment, the performer must supply a copy of their W-9 to the Finance Office prior to payment. NO W-9 NEEDED FOR STUDENT CHECKS.

Make check payable to: _____

☐ Call when ready and I will pick it up

☐ Mail check to: _____

- ☐ **Reimbursement: \$_____**
NOTE: All receipts must be provided for reimbursement to be issued.

Make check payable to: _____

Reason for personal expense: _____

☐ Call when ready and I will pick it up

☐ Mail check to: _____

- ☐ **Direct Deposit: (continue on next page)**

TURN OVER →

Bank Name: _____ Routing Number: _____

Checking Account Number: _____ *or attach a voided check*

TRANSACTION REQUEST CONTINUED: *Please indicate the type of transaction you would like to make.*

☐ Deposit: \$ _____ To Account: _____ Funds Acquired From: _____

☐ Transfer: \$ _____ From Account #: _____ To Account #: _____

ADDITIONAL NOTES: *Please list any additional information you think is necessary to process your request.*

SEE CLUB HANDBOOK FOR ADDITIONAL FINANCIAL TRANSACTIONS POLICIES

FOR OFFICE USE ONLY

Date Reviewed: _____ Date Sent to Finance Office: _____

Request (Circle One): APPROVED DENIED

NOTES:

Club Advisor: _____
Signature Date

ASSMU Treasurer: _____
Signature Date

ASSMU Advisor: _____
Signature Date