



**Request for Payment - CHECK/P.O.  
ASNVC & Club Trust Accounts**

Req. # \_\_\_\_\_

Complete and return to the ASNVC Office, Bldg. 1300, Rm. 1342 for approval/signature of Manager of Student Life. **Deadline: At least 14 business days before check is needed.**

Questions? Contact Manager of Student Life at (707) 256-7340.

**Check/P.O. Request: REQUIRED: Please attach Invoice & W-9**

Company, Person or Performer Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date check needed: \_\_\_\_\_

Reason for check: \_\_\_\_\_

SSN or Tax ID Number (or attach w-9): \_\_\_\_\_  Mail Check or  will pick up check:

Contact person \_\_\_\_\_ Phone: \_\_\_\_\_

**Budget Codes- Fill in appropriate codes.**

FUND	ACTIVITY	PROGRAM	OBJ OF EXP	BC/LOC	AMOUNT
ASB-71	000000	0000	_____ (ASNVC line item)	5500	
Clubs-79	000000	0000	_____ (Club Account Number)	0000	

**Club Signatures (Print and Sign)**

Club Name: \_\_\_\_\_ Club President: \_\_\_\_\_

Club Treasurer: \_\_\_\_\_ Club Advisor: \_\_\_\_\_

Meeting date funds were approved: \_\_\_\_\_ **(If amount is over \$200 please attach minutes)**

**ASNVC Signatures (Print and Sign)\*Only for ASNVC Requests**

Mtg. Approved Date: \_\_\_\_\_ ASNVC President: \_\_\_\_\_

ASNVC Advisor: \_\_\_\_\_ Budget Code Number: \_\_\_\_\_ ASNVC CFO: \_\_\_\_\_

**Office of Student Life use only**

Manager of Student Life: \_\_\_\_\_ DATE: \_\_\_\_\_

Senior Dean of Student Affairs: \_\_\_\_\_ DATE: \_\_\_\_\_

(Only required for amounts of \$300.00 and over)