



POLICY AND PROCEDURE
ARIZONA STATE UNIVERSITY

NUMBER CAM 302-03
PAGE 4 of 7
REVISED 7/1/1992

MANUAL Creating Administrative Manuals
SUBJECT Exhibits

SECTION Writing Standards
EFFECTIVE 12/1/1984



POLICY AND PROCEDURE
ARIZONA STATE UNIVERSITY

NUMBER COM 403
PAGE 14 of 16
REVISED 5/31/1989

MANUAL Comptroller's Office
SUBJECT Petty Cash Funds

SECTION Disbursements
EFFECTIVE 6/22/1984

REQUEST FOR CHECK
ARIZONA STATE UNIVERSITY
FINANCIAL SYSTEM

Page 1 of 1

DOCUMENT ID PV	FAS ONLY	AREA AAI	NO. AAI034716	TOTAL PAYMENT 22,172	VENDOR CODE: TAXPAYER ID OR SOCIAL SECURITY NO. XXX-XX-XXXX
<input type="checkbox"/> ASU STUDENT: <input checked="" type="checkbox"/> ASU EMPLOYEE:		Check will be sent to the department. Show name address only if it is to be mailed there instead.		(Vendor code is available on line from VEN & TRAIL. If code is not extended, list and complete name and address)	
PAYEE NAME ASU Petty Cash Custodian		ADDRESS ASU Department		WHEN CHECK IS READY: <input type="checkbox"/> Mail to address shown: NOTE: Subsequent checks to this cover will be sent to this address unless otherwise requested. <input checked="" type="checkbox"/> Will pick up at Accounts Payable. Call 5-XXXX	
CITY STATE ZIP		FAS GROUP ONLY DISB. GROUP SCHEDULED PAY DATE DATE ENTERED (6)			

ACCOUNT DISTRIBUTION							Enter Either Collect OR Revenue		Used for Balance Sheet Accounts only.		
LINE	AREA	ORG	SUB ORG	OBJECT	SUB OBJ	REVENUE	SUB REV	JOB NUMBER*	REPORTING CATEGORY*	FUND	BALANCE SHEET ACCOUNT
01	AAI	1001		7390	199						
				Petty Cash - Supplies	(3)						(4) 13.97
02	AAI	1001		7330	01						8.75
				Petty Cash - Postage							

Instructions for completing the Request for Check form:

1. The appropriate area/org to be charged must be listed.
2. The appropriate object/sub-object code must be listed.
3. Receipts must be attached.
4. Requested reimbursement amount.
5. The authorized area/org signature must be a signature that appears on the signature authorization card for the authorized signer, and that person must be authorized for that area/org.
6. FAS or OSPA must review all Request for Check forms before processing a petty cash reimbursement check.

Note: When expense receipts are submitted, the expenses are charged to the area/org(s) listed on the Request for Check form.

ADDITIONAL COMMENTS/EXPLANATION
 Emergency check (must be justified)

DIRECT INQUIRIES TO (NAME)

Authorized funds are available and the service provided was for bona fide business purposes of the account(s) charged.

AUTHORIZED ACCOUNT SIGNATURE (5)	DATE	ACCOUNTANT	DATE	OTHER
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APPROVALS

FOR THE COMPTROLLER	DATE	FOR THE VICE PRESIDENT	DATE
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*Optional information

DATA ENTRY

COM 403E
Request for Check to Reimburse Petty Cash Fund

CAM 302-03B
Completed Sample Form with Instructions