SCUASB Check Request Form (Revised 05/05/2018)
(Please complete ALL fillable blanks in Word prior to printing; *type N/A if not applicable)

Current Date: Date of Event:
Requester’s Full Name: Make Check Payable to:
Current Term Number: Current Cumulative GPA 2.5+: □ yes □ no
Email Address:

Fill out most appropriate option

Option #1: ASB Funded Trip/Seminar (with approved proposal)

Approved Event Name:
Total Requesting (least of $300 or 30%):
Registration Fee: Hotel Expense: Flight Expense:
Other Approved Expense:

Option #2: Club/Organization Event, Meals, Speaker, etc.

Name of Club/Organization:
Description of Expense:
Budget Line Item:
(i.e. workshops, meals, supplies, speakers, etc.):
Amount Requesting:
Signature of one (1) Executive Board Member of Club/Organization:
Sign: ___________________________ Date: ________________

ATTACH ORIGINAL RECEIPT(S) TO THE PRINTED FORM
Please submit a hard copy to Student Affairs located in the B Building.

Acknowledgments: (Please initial next to each point)

_____ I have at least a 2.5 GPA, which qualifies me to receive ASB reimbursement
_____ I acknowledge that there is a $300 per person per term cap on any reimbursement
    falling under Option #1. Requests in excess of $300 total for the term will not be
    reimbursed. Any events during breaks count towards the following term’s cap.
_____ I am submitting this check request within 30 days AFTER the above event. I understand
    late submissions will be denied reimbursement.

Requesters Signature: __________________________________________

-------------------------------------------------------------------THANK YOU-------------------------------------------------------------------