

REQUEST FOR PAYMENT - ASI FUNDING

Please only complete this form if your Recognized Student Organization (RSO) has been approved for ASI Funding by the ASI Finance Committee and banks off-campus (EXEMPT STATUS).

Student Organization Request for Payment Timeline

1. Checks are issued every Tuesday and Thursday
2. It will take university accounting about 10 business days to process and issue a check.
3. You must **submit your Request for Payment within 15 business days** after your event or Finance Committee - the date is indicated on the ASI Award Letter. After this time, ASI will not be able to process the check requisition and the funding set aside for your event will be allocated to another recognized student organization.
4. Please take this processing timeline into account when submitting the Request for Payment.

Student Organization Request for Payment Instructions

1. Fill in your **Organization Name** and **Date**
2. Fill in the **Contact Information** section with your full name, email, phone number, and signature. The information provided will be used if there is a question or additional information is needed with the Request for Payment.
3. Select the **Type of Expense** from the following options:
 - a. Reimbursement with Original Receipts
 - b. Other
4. Fill in **Event Title**, **Event Date**, and BEO # (*Only if UAS Catering was used*)
5. Fill in the **Description** and **Cost** of items purchased. Provide an additional spreadsheet if you need more space.
6. Calculate and fill in the **Total Amount Requested (May not exceed the amount ASI approved for your event)**
7. Attach appropriate supporting documentation, which includes:
 - a. Itemized receipts - digital copy or clearly scanned copy
 - b. Copy of a sign-in sheet or list of attendees for the event (if there's food or tickets)
 - c. ASI Award Letter
 - d. For **missing documentation**, you will need to provide the **ASI RSO Lost Receipt Form** signed by either the president or treasurer and your student organization advisor stating why the supporting document was not available.
8. The check will be made payable to the **Recognized Student Organization**.
9. Your student organization will be notified when the check is available for **pick up in the ASI Office, USU Room #203**.

REQUEST FOR PAYMENT – ASI FUNDING

Student Organization Name: _____

Date: _____

Contact Information:

Name: _____

Email: _____

Phone Number: _____

Signature: _____

Type of Expense:

Reimbursement with Receipts

Other

Event Title: _____

Event Date: _____

BEO # _____

UAS CATERING

Description	Cost

**Include an additional spreadsheet if you need more space than what is provided above*

Total Amount Requested: \$ _____