



**Athletics
CHECK REQUEST**

Date:

Payee:

Address:

Amount:

Purpose:

Account Number:

Authorized Signer:

Dean, VP or Designee (print name)

Approved for Payment: _____

(Signature)

Payment authorization is in accordance with the SDSU Fiscal Authorization Hierarchy (FAH).

1099 Reportable: No Yes

Comments:

All university payments are mailed.

Return completed form to:

SDSU · Accounts Payable · 5500 Campanile Drive · MC-1611 · AD-116 · San Diego CA 92182
PH 619/594-0894 · FX 619/594-4917 · Markview FX 619/594-1283