

Student Organization Check Request Form
Return form to CO208

Student Organization Name _____
Number SC _____

Check Pick-up in Finance (Leave blank to be mailed out)

Send Attached Documents with check

COMPANY: _____

ADDRESS: _____

CITY/STATE/ZIP _____

STUDENT _____ (Student ID #)

OTHER _____ (Full Social Security #)

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP _____

***This form must be accompanied by Customer Reports and copy of Financial Transaction Log. (Customer Report at S:\Customer_Reports\VP_Student\Club).**

****Forms need to be submitted in to Finance by noon on Tuesdays to receive check the same week (Friday).****

DESCRIPTION	AMOUNT	ACCOUNT CODE - Club #
		5501-710-93420-SC <input type="text"/>
TOTAL		

APPROVED BY: _____

Officer

_____ Date

_____ Advisor

_____ Date

***Both Signatures Required**

***If this is for staff you will need to use Concur for reimbursement on paycheck. Please include the filled out form and documentation as backup.**