

## Student Organization Check Request Form

Email form with supporting documents to [accountspayable@nwtc.edu](mailto:accountspayable@nwtc.edu)  
and [CC.student.involvement@nwtc.edu](mailto:CC.student.involvement@nwtc.edu)

Student Organization Name \_\_\_\_\_  
Number SC \_\_\_\_\_

☐ Send Attached Documents with check

☐ COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

☐ STUDENT \_\_\_\_\_ (Student ID #)

☐ OTHER \_\_\_\_\_ (Full Social Security #)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

*Finance cuts checks on Thursdays. If you need to pay by a specific deadline, please submit a week prior so there is enough time to go through the proper approval processes.*

DESCRIPTION	AMOUNT	Additional Notes
TOTAL		

APPROVED BY: \_\_\_\_\_  
Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor

\_\_\_\_\_  
Date

**\*Both Signatures Required**

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