

Student Organization Check Request Form

Return form by email Finance@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 _____

****Forms need to be submitted in to Finance by noon on Tuesdays to ensure the check is cut in the weekly rotation. ALL checks will be mailed on Friday.**

DESCRIPTION	AMOUNT	ACCOUNT CODE - Club #
		5501-710-93420-SC
TOTAL		

APPROVED BY: _____
Officer Date

_____ Date
Advisor

****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.**