NORTHEAST
WI Technical College

Student Organization Check Request Form

Email form with supporting documents to accountspayable@nwtc.edu
and 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.**