



Check Request-Club/Organization Form

PLEASE SUBMIT ALL CHECK REQUESTS TO AN SGA ADVISOR TWO WEEKS PRIOR TO THE DATE THEY ARE NEEDED TO ALLOW TIME FOR PROCESSING.

To: SGA Advisor: Alicia Stokley-Elizabeth City

Club Advisor: _____

Date: _____

Payable to: _____

Address: _____

Amount: _____

Payment for: _____

Date required: _____

Federal I.D. # _____

Club Pres Signature: _____

Club Advisor Signature: _____

SGA Advisor Signature: _____

Club Funds Account #: 09-000-00-235000-

** PLEASE ATTACH NESSECARY DOCUMENTATION (RECIPETS, PACKING SLIPS, SERVICE AGREEMENTS, CONTRACTS.ETC.). NOT DOING SO WILL DELAY PROCESSING TIME.