

Club CHECK REQUEST Form

Submit check requests to your **CLUB LIAISON** two weeks prior to the date they are needed Note: Checks are only available for pick up on Fridays.

TO: STUDENT	LIFE				
CLUB NAME:					
SUBJECT:					
DATE:					
Please issue a	check in t	the amount o	of \$		
Club GL funds:	09-000	-00-235000-			
		ed in NAVsyn			
Approved by Clu	b Presiden	t/Date			
Approved by Clu	b Advisor/I	Date			
Check payable	e to: Name				
	Street Add	dress			
	City, State				
Phone Number (if available)					
W9 Attached	? Yes	No	W9 on File? Yes	No	Employee/Student
Check needed	d by:		<u></u>		
Student Life Dept. Please call ext. or cell:					when check is ready.
THIS SECTION FOR STUDENT LIFE OFFICE USE ONLY					
☐ Club funds have been verified and are available in the amount requested.					
Student Life Department					

Picked up by ______. Please call ext. _____ when check is ready