

**COE COLLEGE
STUDENT ACTIVITY ORGANIZATIONS**

CHECK REQUEST/REIMBURSEMENT FORM

Check Request Forms are due by **Tuesday at 12 Noon** for checks to be cut on Friday.
 Reimbursement to students/college employees under **\$50** will receive cash instead of a check.
 Payee will need to pick up cash reimbursements in the Business Office.
 Business Office Front Desk Hours are 9 - 3:30 (closed from 12-1)

- REQUIRED:**
- 1) Organizations must designate who can request a check.
 - 2) Advisor signature is required prior to processing.
 - 3) Supporting documentation must accompany this request.
 - 4) Keep a copy of this form and supporting documentation for the Organization's records.

W-9: on file
 attached
 exempt (student/employee or government)

CHECK: mail to Payee at address below
 hold check for pick up @ Business Office
 other: _____

PAYEE: _____ **DATE:** _____
(Name of Company or Individual)

MAIL TO: _____
(Address)

(City, State, Zip Code)

DESCRIPTION	ACCOUNT #			\$ AMOUNT
	XXX	XXXX	XXXXX	
	808	3000		
CHECK TOTAL				

STUDENT NAME: _____ **SIGNED:** _____
(please print)

ORGANIZATION NAME: _____

ADVISOR NAME: _____ **SIGNED:** _____
(please print)

Business Office Use:

Approval: _____	A/P Entered: _____
Vendor #: _____	Discount: _____
Pay Date: _____	Cash received: _____