

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 am - 3:30 pm (closed from 12-1 pm)

- 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: _____
(Name of Company or Individual)

DATE: _____

MAIL TO: _____
(Address)

(City, State, Zip Code)

☐ Marketing ☐ Supplies ☐ Events

☐ Food ☐ Other: _____

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

STUDENT NAME: _____
(please print)

SIGNED: _____

ORGANIZATION NAME: _____

ADVISOR NAME: _____
(please print)

SIGNED: _____

Business Office Use:

Approval: _____

Vendor #: _____

Pay Date: _____

A/P Entered: _____

Discount: _____

Cash received _____