

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

MAIL TO: _____ **Marketing** **Supplies** **Events**
(Address) _____
(City, State, Zip Code) _____
Food **Other:** _____

DESCRIPTION	ACCOUNT #				\$ AMOUNT
	XXX	XXXX	XXXXX	XX	
	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: _____