



SGA CHECK REQUEST

PAY TO THE ORDER OF: _____
(PAYEE NAME)

AMOUNT REQUESTED: _____

ADDRESS _____

ATTACHMENT TO MAIL
MAIL
CAMPUS MAIL
PICKUP IN ACCOUNTING

DESCRIPTION: _____

Which account should be used for this reimbursement/payment?

The organization's SGA Budget 317-_____
Provide your budget number

The organization's fundraising account _____
Provide your Organization name (only if paid out of fundraising)

Date: _____ Signed _____
(Person preparing form) Ext _____

Date: _____ Approval _____
Budget Manager, Director of Student Engagement

- Note:**
- Original receipts are required.
 - If attachments are to be mailed with the check please attach two copies (one for accounting and one to mail).
 - This form must be signed by the Director of Student Engagement before it can be delivered to Accounting
 - Checks are distributed every **Friday**. Request is due at least 1 week prior to check distribution.

ACCOUNTS PAYABLE USE ONLY	DATE _____	VOUCHER# _____