

CHECK REQUEST

**THIS FORM MUST BE SIGNED BY THE STUDENT BAR ASSOCIATION
PRESIDENT OR TREASURER.**

SUBMIT TO: SBA PRESIDENT or TREASURER
Room C-88 or SBA Mailbox on 2nd Floor

DATE: _____

CHECK REQUESTED BY (NAME): _____

DEPARTMENT OR ORGANIZATION: _____

SBA ACCOUNT #: _____

AMOUNT OF CHECK: \$ _____

DESCRIPTION OF GOODS/SERVICES FOR WHICH CHECK IS REQUESTED:
Attach ALL ORIGINAL receipts of purchases to 8.5" x 11" sheet of paper. NO LOOSE RECEIPTS WILL BE ACCEPTED. If you paid by check, attach cancelled check. NO REQUESTS WILL BE PROCESSED WITHOUT ORIGINAL RECEIPTS!

CHECK TO BE ISSUED TO (NAME): _____

HOME ADDRESS FOR CHECK TO BE SENT TO:

Street: _____ Apt #: _____

City: _____ State: _____ ZIP: _____

SBA AND ADMINISTRATION USE ONLY

APPROVED BY: _____
SBA President and/or Treasurer

APPROVED BY: _____
Assistant Vice-President for Administration and Finance