

CO-CURRICULAR
REVOLVING CASH FUND
CHECK REQUEST

DATE: _____

PAYEE'S NAME: _____

Make check payable to (name of payee)

PAYEE'S ADDRESS: _____

(Make check payable to (name, address))

(State purpose of request and attach supporting documents)

Budget Number(s) to Charge:

Dollar amount per budget number to charge

____ - ____ - ____ - ____

____ - ____ - ____ - ____

Total Amount:

Mailing Instructions:

Call ext. _____ when check is ready for pick up.

Mail to mail-box or address indicated above.

Other: _____

Requestor's Name: _____

Dept. Chair or Supervisor's Approval: _____

Dean's Approval: _____

CK#: _____ CK Date: _____ Mailed/ Rec'd by: _____ Mailed/ Rec'd Date: _____