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## CHECK REQUEST

Club Org # : \_\_\_\_\_

All Check Requests must be submitted to the Student Activities Office before any disbursements can be made. All purchase orders must be approved by the Director or Assistant Director of Student Life.

Name: \_\_\_\_\_ Dept/Club: \_\_\_\_\_

Itemization: _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Total Amount Requested:** \$ \_\_\_\_\_

Purpose: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing this document I acknowledge receipt of funds for expenses pertaining to a Student Senate Sponsored Club or event and agree to return all receipts pertaining to all expenditures outlined above. Any Funds not used for the purpose stated above must be returned with all receipts to the Assistant for Financial Analysis to be allocated back to the proper account. I understand that Taxes will not be reimbursed to any vendor in New York State and that use of this organizations Tax Exempt form must be pre-approved.

Failure to comply with the above can result in loss of future Student Senate Funding.

Individual Making Request: \_\_\_\_\_ Date: \_\_\_\_\_

Approvals: \_\_\_\_\_ Date: \_\_\_\_\_  
Director or Assistant Director of Student Life

**(PLEASE SUBMIT ALL COPIES TO THE ASSISTANT FOR FINANCIAL ANALYSIS, CTR210)**

Please do not write below this line:  
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Amount of Receipts: \$ \_\_\_\_\_ Cash Amount Returned: \$ \_\_\_\_\_

**Total: \$** \_\_\_\_\_

Assistant for Financial Analysis: \_\_\_\_\_ Date: \_\_\_\_\_