

# Check Request

Ref. Pre-Approval # \_\_\_\_\_

*Attach Original Documentation*

*[ ] Check box if document (registration, application etc) needs to be mailed with check; include extra copy.*

Make Check Payable to: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of Payment - <i>Sign, date and attach Invoice</i>	Amount

Club/Sport: \_\_\_\_\_ Requested By: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor/Coach Signature: \_\_\_\_\_ Club Officer Signature: \_\_\_\_\_  
(not required for sports)

Finance Office will route if request was not pre-approval				
_____ Finance Office	_____ Date	_____ Account Balance	_____ Principal	_____ Date
_____ ASB Officer	_____ Date		_____ ASB Director	_____ Date
[ ] No - Reason: _____			_____ Athletic Director (if applicable)	_____ Date

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