Fox Valley Technical College
STUDENT CLUB CHECK REQUEST FORM

CLUB NAME: ___________________________ DATE REQUIRED: ________________

AMOUNT REQUESTED: ___________________________

CHART STRING: ___________________________ (Required)

PURPOSE OF EXPENDITURE:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

PAYABLE TO: ___________________________

ADDRESS: ________________________________________________________________

CITY, STATE, ZIP: ________________________________________________________

TYPE OF REQUEST: ___________CHECK ___________TRANSFER

CHECK DISTRIBUTION:

________ MAIL TO ADDRESS ABOVE

________ INTER-OFFICE MAIL TO ___________________________ (staff only)

________ PICK UP IN ROOM G145A

MUST HAVE BOTH SIGNATURES:

STUDENT CLUB REPRESENTATIVE: __________________________________________

FACULTY ADVISOR: _______________________________________________________

Please keep a copy for your records. Attach all necessary receipts and list of names for meal reimbursement.