



**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.