

# MISSION COLLEGE

## CLUB/ ORGANIZATION CHECK REQUEST

Date: \_\_\_\_\_

Name of Club/Organization: \_\_\_\_\_

Check Amount: \$ \_\_\_\_\_ Account Number: \_\_\_\_\_

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

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

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

Contact Number: \_\_\_\_\_

For: \_\_\_\_\_

Quantity	Items and Activity	Cost
Total :		\$ _____

**\*\*Please attach original receipt(s) or invoice for payment**

*Approved by:*

Student Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

District Cashier/Finance: \_\_\_\_\_ Date: \_\_\_\_\_