Attach Proof of Payment/Documentation Here

SAMUEL MERRITT UNIVERSITY

Student Body Association
Check Request Form

Date: ____/____/____

Name of Organization or Class Requesting Funds:

_____

(If class, please include the graduation date)

Signature of Class Officer/Organization Treasurer:_____

Draw Check in Favor Of/Pay to the Order of: _____

Address: _____

_____

Telephone: _____ Email: _____

Please mark as appropriate: _____ Check will be picked up at Bechtel Hall Front Desk
_____ Check will be mailed to the above address
_____ Other_____

Please attach documentation or proof of payment in upper left corner.

Item Description(s):	Cost
Total:	

Official Use Only

Date Check Issued:_____/_____/_____ Issued By:_____

Check Number:_____ Check Amount:_____