

**Student Organization Check Request Form**  
Email form with supporting documents to [carissa.dewitt@nwtc.edu](mailto:carissa.dewitt@nwtc.edu)

**Student Organization Name** \_\_\_\_\_  
**Number SC** \_\_\_\_\_

Send Attached Documents with check

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

**STUDENT** \_\_\_\_\_ (Student ID #)

**OTHER** \_\_\_\_\_ (Full Social Security #)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

*Finance cuts checks on Thursdays. If you need to pay by a specific deadline, please submit a week prior so there is enough time to go through the proper approval processes.*

DESCRIPTION	AMOUNT	Additional Notes
<b>TOTAL</b>		

**APPROVED BY:** \_\_\_\_\_  
Officer

\_\_\_\_\_ Date

\_\_\_\_\_ Advisor

\_\_\_\_\_ Date

**\*Both Signatures Required**

**\*If this is for staff you will need to use WorkDay for reimbursement on paycheck. Please include the filled out form and documentation as backup.**