

STUDENT ORGANIZATION VENDOR CHECK REQUEST FORM

****THIS FORM SHOULD BE USED WHEN MAKING A DIRECT PAYMENT TO A SUPPLIER OF GOODS AND/OR SERVICES ****

Please submit completed form to the SBA Treasurer's folder in Student Org Lounge, Cubicle #1.
If you have questions please contact SBATres@law.cwsl.edu.

1. Today's Date: _____
2. Payable To (Business or Vendor Name): _____
3. Address: _____
4. Phone Number: _____ 5. Payee's Email: _____
6. New Payee? ☐ YES (include W-9 form) ☐ NO 7. Amount: \$ _____

***Include invoice**

8. Business Purpose: _____
- _____
- _____
- _____

9. Delivery Instructions: ☐ Hold for Pickup ☐ Mail with invoice

10. Request Authorized By:

Name: _____ Position: ☐ President ☐ Treasurer

Organization: _____

Signature: _____ E-mail: _____

***** DO NOT WRITE BELOW THIS LINE *****

Pay funds from: ☐ SBA Budget Amount: \$ _____ Account Code: _____

☐ SBA Budget Amount: \$ _____ Account Code: _____

☐ Dues Account Amount: \$ _____

SBA Treasurer: _____ Date Approved: _____

Student Services – Received By : _____ Date Received: _____

Event Approved: YES / NO

Date Approved: _____

Approved By: _____ Date Approved: _____

Business Office – Received By: _____ Date Received: _____