

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 LOCKBOX in the Student Org Room, Cubicle #1.

If you have questions please contact SBATreas@law.cwsl.edu.

1. Payable To (Business or Vendor Name): _____

2. Address: _____

3. Phone Number: _____ 4. Payee's Email: _____

5. New Payee? [] YES (include W-9 form) [] NO 6. Amount: \$ _____

***Include invoice**

7. Business Purpose: _____

8. Delivery Instructions: [] Hold for Pickup [] Mail with invoice

9. Request Authorized By:

Name: _____ Position: [] President [] Treasurer

Organization: _____

Signature: _____ E-mail: _____

Date Submitted: _____

SBA TREASURER USE ONLY

Pay funds from:

[] SBA Budget Amount: \$ _____ Account Code: _____

[] SBA Budget Amount: \$ _____ Account Code: _____

[] SBA Budget Amount: \$ _____ Account Code: _____

[] Dues Amount: \$ _____

Approved By: _____ Date Approved: _____

Student Services – Event Approved : YES NO N/A Date Approved: _____

Request Reviewed By: _____ Date Reviewed: _____

Request Approved By: _____ Date Approved: _____

Business Office – Received By: _____ Date Received: _____