

CLUB/ORGANIZATION PAYMENT REQUISITION FORM



Requests for any payments must be received at least three (3) weeks in advance of payment needed.

CLUB/ORGANIZATION NAME: _____

Detailed Description of Event: _____

Event Date: _____ Event Time: _____ Event Location: _____

Please attach a copy of the paperwork previously approved by Student Life for this event

An Invoice is attached in the amount of: \$ _____

Purpose for payment: Paid Speaker/Vendor Order for Food/Materials Reimbursement

Justification for expenditure: _____

Make Check Payable to: _____

SSN# or TAX ID# _____ (Only if first time payment from CLC)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please Mail this check to vendor Please put check in our club mailbox

Club/Org. Advisor Name: _____ Signature: _____

Contact Person For this Payment: _____ Club/Org. Position: _____

Contact Phone: _____ Contact Email: _____

PLEASE RETURN THIS FORM TO THE STUDENT LIFE OFFICE (B106)
• AT LEAST THREE (3) WEEKS IN ADVANCE OF PAYMENT NEEDED

Student Life Use Only

This Club/Organization Purchase Requisition has been: Approved Denied Date: _____

Additional Notes about Club/Organization Purchase Requisition: _____

Student Life Administrator Signature _____

Revised 08/07/2018