

Student Club Request for Payment

ORGANIZATION NO. 75 _____ CLUB/ORGANIZATION NAME _____

SUPPLIER ID (If Known) _____ Handling Code: _____

PAYABLE TO: _____

PHONE NO. _____ EMAIL: _____

STREET ADDRESS _____

CITY, STATE, ZIP _____ , _____

SOCIAL SECURITY NUMBER or EMPLOYER ID NUMBER _____
(Required)

FOR WHAT PURPOSE _____
(Payment will **NOT** be made unless accompanied by a Receipt)

CODE EXPENSE TO:

Amount	Spend Category	Fund	Cost Center	Program	Location	"Other Worktag" Student Activity
\$ _____	Travel	714	321	P93400	01	75 _____
\$ _____	Food-NonTravel	714	321	P93400	01	75 _____
\$ _____	Non-Instructional Supplies	714	321	P93400	01	75 _____
\$ _____	Student Activity/ Club Expense	714	321	P93400	01	75 _____
\$ _____	TOTAL					

Organization Treasurer Date

Organization Advisor (Print name) Date

Organization Advisor Signature Date

Student Life Representative Signature Date

For A/P Use Only

Inv# _____

Inv Date _____

Please Email/Interoffice a signed copy of the Club Request form including the Organization No. to accountspayable@madisoncollege.edu for payment. Please choose delivery method below:

_____ MAIL CHECK TO ADDRESS LISTED ABOVE (Only if service is complete)

_____ SEND CHECK TO BRENDA FARRELL (STUDENT LIFE) FOR PICKUP