

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. Pay funds from:

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

11. Request Authorized By:

Name: _____ Position: [] President [] Treasurer

Organization: _____

Signature: _____ E-mail: _____

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

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: _____