

CITRUS COLLEGE OFFICE OF STUDENT LIFE CLUB PAYMENT REQUEST

Date: _____

Date Requested: _____
*Please allow 5 business days for the SLLD
office to process.*

Club Name: _____

Account Number: _____ Amount: _____

Name of Payee*: _____

**If paying for professional services, this request must be accompanied by a completed W-9 form from vendor.*

Address: _____

City: _____ State: _____ Zip Code: _____

Type of Payment

Reimbursement *All Reimbursement Requests Must be Accompanied by Original Receipts*

Check Advance *Original Receipts Must be Turned in to ASO Business Office within 10 Days of Event*

Invoice Payment *Original Invoice Must be Attached*

Other _____

Expense: _____ Date of Event: _____

Club Representative Signature
(Must be Other than Payee)

___ President ___ Treasurer ___ Other

Club Advisor Signature

Supervisor, Student Life

Dean of Students Signature

Check to Be: ___ Picked - Up

___ Mailed to Payee