



## CHECK REQUEST

Date: \_\_\_\_\_

Payee: \_\_\_\_\_

Invoice #: \_\_\_\_\_

Address to be mailed to:

\_\_\_\_\_

Amount: \_\_\_\_\_

Purpose/ PO#: \_\_\_\_\_

Account Name & FUF# to be charged: \_\_\_\_\_

Authorized by: \_\_\_\_\_

(Club Advisor/Officer/ Other Authorized Approver)

Instructions or Comments:

\_\_\_\_\_  
\_\_\_\_\_

Please submit Check Request with corresponding receipt, invoice and/or instructions to the FSA Office. FSA requires 10 business days to process and issue check.