

THE COLLEGE ASSOCIATION OF NEW YORK CITY COLLEGE OF TECHNOLOGY

Check Request Form

PRINT OR TYPE ALL INFORMATION

Date of request _____ No. _____

Pay to the Order of: _____ Amount \$ _____

All original receipts, invoices, or cost estimates MUST accompany this request.

Explanation: (Be Specific) _____

Account or Club		Authorized Signature of Club Member	
		Title	
Check No. & Date	Signature of Faculty Advisor		Signature of Treasurer of Student Government Association

This request INVALID WITHOUT THREE AUTHORIZED SIGNATURES.