ASSINIBOINE COMMUNITY COLLEGE STUDENTS' ASSOCIATION

Club Cheque Requisition Form

Please submit your cheque requisition form at least 2 weeks prior to the date you require funds, to allow adequate time to process your request.

Date Submitted: _____ **Club Name:** _____

Event: *(if applicable)* _____

Type: ☐ Reimbursement *(attach receipt)* ☐ Invoice *(attach invoice)*

☐ Club Approved Withdrawal

Payable To: _____

Address: _____

_____

_____

Cheque Amount: _____

Date Required: _____

Day **Month** **Year**

Purpose of Payment: *(please attach expense summary if necessary, and indicate if any expense has not been accrued.)*

_____

_____

_____

_____

Authorized By: *must be signed by two (2) recognized club signing officers.*

_____	_____	_____
Club Signing Officer *(print)*	**Signature**	**Date**
_____	_____	_____
Club Signing Officer *(print)*	**Signature**	**Date**

FOR ACCSA OFFICE USE ONLY

Students' Association Staff: _____ _____

Name *(print)* **Signature**

Students' Association Executive: _____ _____

Name *(print)* **Signature**

Cheque Number: _____ Cheque Date: _____