

# 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