ASSOCIATED STUDENTS OF LINFIELD COLLEGE

Check Request

◆ Please allow 3-4 days for processing of check request
◆ Specifically state the date you need the check (ASAP is NOT a date)
◆ Attach all related receipts, invoices, etc.
◆ Gas money will be refunded by multiplying miles driven by $.20
◆ Failure to properly complete form will delay request

Today’s Date _______________ Date Needed _______________
Club/Cabinet __________________________
Amount requested $ ______________________
Make Check Payable to ______________________
Reason for Request _______________________
Class of Item(s) ________________________
(Ex: Food, Service, Transportation, Supplies, etc.)
Check one
☐ Reimbursement (do not need to sign below)
☐ Advance (sign below)

By signing below I agree to turn in all receipts within two weeks of receiving money for an advance or my student account will be charged

Signature of requestor ________________________________

Authorization
Authorized representative (Print) ___________________________
Signature __________________________
Unit # ____________________ Phone ________________

Check of Applicable – Please use your boxes in the ASLC office; Campus mail tends to be slow and we know you want your money ASAP
_____ Pick up in the ASLC Offices (preferred)
_____ Send to Unit #______________
_____ Name of other than Check Payee _______________________
_____ Please mail to ______________________________________

_____ Enclosure and/or special instructions _______________________

_________________________________________ Office Use Only

Check # ___________ Date __________
Initials ________________