



# SRC CLUBS CHEQUE REQUEST FORM

OFFICE USE ONLY

CHEQUE #	COMPLETED BY
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PAYABLE TO	
DATE REQUIRED	NAME OF CLUB
PICK UP LOCATION	<input type="checkbox"/> South Campus <input type="checkbox"/> TD Student Success Centre
ADDRESS (please provide ONLY if cheque needs to be mailed)	

## EXPENSES

NOTE: Please attach any receipts/invoices in order to receive approval, signing authorities cannot sign a cheque request that is payable to themselves.

DESCRIPTION	AMOUNT
DATE RECEIVED	TOTAL AMOUNT REQUESTED
RECEIVED BY	

NOTE: Cheques are issued on **Wednesday only**. Please allow until Thursday for the request to be processed.

## APPROVAL

_____	_____	_____
Signing Authority Printed	Signed	Date
_____	_____	_____
Signing Authority Printed	Signed	Date
_____	_____	_____
Faculty Advisor Printed	Signed	Date
_____	_____	_____
Club Liaison	_____	Date
_____	_____	_____
Manager of Student Experience	_____	Date
_____	_____	_____
General Manager	_____	Date