CHECK REQUEST FORM

DOCTORAL STUDENTS' COUNCIL, CUNY GRADUATE CENTER

Please complete separate requests for each organization and payee. For reimbursement requests, original receipts consistent with the purposes described below must be submitted to the DSC in room 5495 with this request. All receipts must be in English and must equal or exceed the amount requested. Original receipts must be pasted/taped flat to plain letter paper and submitted along with a legible copy.

Reimbursements for honoraria, petty cash (including tips), and services rendered require additional forms available at cunydsc.org. Please include these amounts in your total and attach them to this request.

Amount requested: $_____ Date of request: _____

Organization requesting: _____ ☐ Program
☐ Chartered Organization
☐ Grant ☐ Other

Purpose for funds: _____

Date(s) of event: _____

Check should be made out to (please type/print complete information below):

Name: _____

Address: _____

_____

Telephone Number: _____

Email address: _____

SSN or BANNER ID: _____

(Choose one) ☐ Mail ☐ Pick Up

I am a student representative for the _____ Program, Organization, or Grant, and I agree that: *The above stated purpose for these funds is congruent with the wishes of a majority of the members of this Program, Organization or Grant.*

Name (please print): _____

Signature (REQUIRED): _____

Your Title/Role in the: organization requesting _____

Only students are authorized to allocate Student Activity Funds. All requests subject to approval.

----------FOR BUSINESS OFFICE USE ONLY----------

Approved by: _____ Date: _____
Co-Chair for Business, Doctoral Students' Council

Seconded by: _____ Date: _____
Co-Chair or Steering Committee Member, Doctoral Students' Council

FUND: 217018
ORG: 171022
PROG: 226054
ACCOUNT: _____

Check Number: _____
Date Issued: _____
Date Entered: _____
Form last updated on 4/28/2009