



**STUDENT FACULTY ORGANIZATION (SFO) ACCOUNT
CHECK REQUISITION FORM**

(One requisition form per check request)

Date: _____

SFO Account Name: _____ SFO Account Number: _____

<input type="checkbox"/> Will pick-up Picked-Up by: Name _____ Payee Name _____

<input type="checkbox"/> Mail check Payee Name _____ Remittance Address _____ _____
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Special Instructions / Memo: _____

Description of Expense & Purpose	Amount
TOTAL	

Authorized By: (2 Signatures Required, unless faculty only account):

I hereby certify I have reviewed and approved this request and I am authorized to do so. I further certify the funds will be used in accordance with the intended purpose of the account and mission of the University.

Student Officer: _____
(Printed Name) (Signature) (Date)

Adviser/Faculty: _____
(Printed Name) (Signature) (Date)

PLEASE ATTACH ALL RECEIPTS OR OTHER SUPPORTING DOCUMENTATION

Submit request to sfo@uwlax.edu or to the Cashier's Office, 121 Graff Main Hall during office hours 7:45a.m. – 4:30p.m. Use drop box after business hours.

Checks will be mailed or available for pick-up the following business day at 10:00a.m.

Business Services Office Use Only
 Date Paid _____ Check No. _____ Receipts Attached Processed by: _____