

**MEDGAR EVERS COLLEGE
OF THE CITY UNIVERSITY OF NEW YORK**

STUDENT FACULTY ASSOCIATION (SFA)
CHECK REQUEST FORM

ORGANIZATION

CONTACT PHONE NUMBER

DATE

I HAVE EXAMINED EACH ATTACHED INVOICE, CERTIFIED ITS VALIDITY AND AUTHORIZED IT FOR PAYMENT AS LISTED BELOW. I FURTHER CERTIFY THAT PURCHASES EXCEEDING \$250.00 HAVE MET THE BIDDING REQUIREMENTS OF THE STUDENT-FACULTY ASSOCIATION AND MEDGAR EVERS COLLEGE. PROOF OF BIDDING MUST BE ATTACHED.

PRESIDENT (PLEASE PRINT NAME)

PRESIDENT (SIGNATURE)

DATE

TREASURER (PLEASE PRINT NAME)

TREASURER (SIGNATURE)

DATE

VP OF STUDENT AFFAIRS SIGNATURE

DATE

CHECK # _____ (FOR SFA ACCOUNTING ONLY)

PAYABLE TO: _____

BUDGET LINE: _____

PURPOSE _____

TOTAL AMOUNT REQUESTED: \$ _____

APPROVED BY (SFA ACCOUNTING UNIT)

DATE APPROVED

-----DO NOT WRITE BELOW THIS LINE-----

_____ YOUR REQUEST COULD NOT BE PROCESSED DUE TO