

ASCMC CHECK REQUEST FORM

*Please see the ASCMC Reimbursement Guidelines before seeking reimbursement.
Nonconforming requests will suffer time penalties and potential denial.
Attach original itemized receipts, invoices, and other supporting documentation.*

CONTACT INFORMATION

Date: _____ **Organization:** _____
Name: _____ **Position:** _____
Phone: _____ **Email:** _____
Signature: _____ **Payee:** _____
Payee School: CMC (Story House Box _____) CGU HMC PO PI SC Other*
**If Other, include address on invoice if payee is not a student or employee of the Claremont Colleges*
Payee Address: _____

REASON FOR REQUEST

Date: _____ **Time:** _____ **Approximate Number of Participants:** _____
Provide information above if request is event-related and attach proof of advertising

Description of activities, and details of request(s):

Does this request include non-perishable items such as equipment? Yes No

Any equipment purchased with ASCMC funds becomes the property of ASCMC and must be surrendered upon the request of an ASCMC Officer. Failure to comply is considered theft, and offenders will be prosecuted under ASCMC and/or CMC codes and procedures, and/or under local, state and federal law

Source of Funds: Club Budget Executive Board Senate Other _____

Amount for:

Supplies \$ _____ Services[†] \$ _____ Alcohol[‡] \$ _____ **Total \$** _____

[†]For services, include a completed IRS W-9 Form

[‡]Only alcohol less than or equal to 30 proof (15% alcohol by volume) will be reimbursed

ASCMC USE ONLY

ASCMC Officer Name: _____ Officer Title: _____
Authorized Signature: _____

FINANCIAL OFFICER USE

Approved: _____ Denied: _____ Check #: _____ Date: _____
(initials) (initials) G/L Account(s): _____
Reason: _____ FO Signature: _____