

CHECK REQUEST FORM

AAS TREASURER AND BUDGETARY COMMITTEE

INSTRUCTIONS: Payment will not be made unless this form is properly and completely filled out. Attach appropriate receipts, vendor invoices, and contracts to this form. **Check requests submitted without documentation will not be reimbursed.** Put completed requests in the box outside of Morrow 020, the AAS office.

Requestor Affidavit: I, the undersigned requestor, believe that the attached receipts, invoices, and contracts represent legitimate expenditures made for the items authorized by the BC in my organization's budget or in an allocated request for discretionary funding. I believe these expenditures are in compliance with the BC non-discrimination and accessibility policies.

Club Water Polo

(Name of Organization)

Paul Gramieri

(Name of Requestor)

Paul Gramieri

(Signature of Requestor)

2086 (Box) 413-542-5448 (Phone) budgetary@amherst.edu (Email) 2017 (Year)

Make check payable to:

Paul Gramieri

(Name of Payee)

Check memo reference:

Reimbursements

(Invoice Number; Payment Reference)

Send check to:

Paul Gramieri

(Name)

AC#2086

(Address or Campus Box)

(City, State Zip)

Itemization of Request(s) Below:

1. Indicate the Semester during which funding was allocated.
2. Indicate if funding is from a Club Budget or the Discretionary Fund (if so, **include week number**) and its line item number.
3. Indicate the amount that was spent, not the amount that was allocated.

Semester	Club Budget	Disc. Funding	Line Item	Budget Line Description	Payment Amount
F15		✓	wk 1 3b	Intro Meeting Food	\$44.82
F15		✓	wk 1 3c	Intro Meeting Publicity	\$10.75
F15	✓		2b	Hotel room for tournament	\$134.56
TOTAL					\$190.13

Office Use Only:

D / C #

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Date received:

Date processed:

Date paid:

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_____ (Name of Organization)
 Club Water Polo
 _____ (Name of Requestor)
 Paul Gramieri
 _____ (Signature of Requestor)
 Paul Gramieri
 _____ (Phone) 2086 (Box) 413-542-5448 _____ budgetary@amherst.edu _____ (Email) 2017 _____ (Year)

Make check payable to:

_____ (Name of Payee)
 Collegiate Water Polo Association

Check memo reference:

_____ (Invoice Number; Payment Reference)
 Invoice #2015F1234

Send check to:

_____ (Name)
 Collegiate Water Polo Association
 _____ (Address or Campus Box)
 123 Somewhere Street
 _____ (City, State Zip)
 Somewhere, MA 55555

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Semester	Club Budget	Disc. Funding	Line Item	Budget Line Description	Payment Amount
F15		✓	wk 1 3a	Association Dues	\$48.36
TOTAL					\$48.36

Office Use Only:

D / C #

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