



**SUNY MARITIME COLLEGE
STUDENT GOVERNMENT ASSOCIATION
CHECK REQUEST FORM**

TO BE COMPLETED BY ACCOUNTING OFFICE

BUDGET ALLOCATED	\$
YEAR TO DATE ACCT BALANCE	\$
AMOUNT REQUESTED	\$
REMAINING BALANCE	\$

INSTRUCTIONS:

1. Complete Check Request Form and W9 Form(Employees are not required to provide W9)
2. Attach all original receipts and invoices to substantiate the request.
3. Vendor Payments must include original invoice.
4. Approval by Dean of Students is required
5. Payable from Specific SGA Account.
6. When check is ready an email will be sent to the requester.

DATE _____ DOLLAR AMOUNT \$ _____

IS W9 ATTACHED OR ON FILE ? YES NO

SPECIFIC SGA ACCOUNT# _____

PAYABLE TO: _____ (PRINT)

ADDRESS: _____

_____ PHONE # _____

PURPOSE OF CHECK REQUEST: _____

CHECK REQUEST SHOULD BE: MAILED PICKED UP

SIGNATURE & TITLE OF PERSON REQUESTING CHECK _____

NYM SGA TREASURER _____

NYM SGA PRESIDENT _____

APPROVED BY DEAN OF STUDENTS _____

APPROVED BY ACCOUNTING _____