



Category 2 Check Request Form (Reimbursement)

Club Name: _____

Today's Date: _____

Student's Name: _____

LUID: _____

Email: _____

Cell: _____

Student's Address: _____

Purpose of Check: _____

Make Check Payable to: _____ Amount Requested: \$ _____

Student will pick up check in the Student Services Center (Green Hall)

(student will be notified via email when the check is ready for pickup)

Please mail check directly to the following address:

(Street Address)

(City, State & Zip Code)

Please note the following information:

- Checks are processed through LU's accounting department. Normal processing time is approximately ten business days.

(Student Signature)

(SGA Treasurer)

(SGA Associate Director)