



Office of Student Activities
www.jtcc.edu
studentactivities@jtcc.edu

STUDENT ACTIVITIES CHECK REQUEST FORM

ISSUE CHECK AS FOLLOWS:

To: _____
Amount: _____
Purpose: _____
Organization: _____
Student Representative: _____
 Email or Phone No.: _____
Organization Advisor/Sponsor: _____
 Email or Phone No.: _____

Approved by:

The Office of Student Activities on:
_____/_____/_____ (date)

By: _____
Title: _____

For Business Office Use Only:

Checking Account: _____
Internal Account: _____
Check Number: _____

Checks will be held for pickup at the Chester or Midlothian Campus Cashier's Office unless otherwise indicated.
Additional Comments/Special Instructions:



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