TAFTCOLLEGE
WEST KERN COMMUNITY COLLEGE DISTRICT

ASSOCIATED STUDENT ORGANIZATION
CHECK REQUEST

Date _____

Make check payable to _____
                                                    Name

_____
                                                    Address

Amount $ _____ **For** _____

Organization _____

Event _____ **Date of Event** _____

Where _____

Person making request _____

Date check needed by _____

Remarks _____

_____

_____

It is understood that receipts covering all items will be turned in with this check request or as soon after an event as possible.

_____
Student Representative

_____
Club Advisor

_____
Student Life Coordinator/ASO Advisor

_____
Dean of Student Success

_____
Vice President of Student Services

Check Number _____   Date of Check _____