



Request Number: _____
(Office use only)

Club Account Financial Request Form

Requests for use of club account funds (SAF or Fundraised) must be made using this form. The form must be completed in full and for EACH expenditure/vendor, even if it is for the same event.

This form must be completed two weeks BEFORE expenditures are made!

Expenditures using SAF money allocated to them from the Student Senate must be reflected in their approved budget for that semester. No reimbursement consideration will be given without prior approval via this form. The Director of Student Activities must authorize all expenses (SAF and fundraised) from any club account before the money can be spent.

Club Name: _____ Date of Request: _____

President/Treasurer's Name: _____

Student Requestors Email & Phone: _____

Club Advisor Name: _____ Email/Phone: _____

Type of Transaction (Check one):

- Expense request from club Student Activity Funds
- Expense request from club fundraised funds
- Deposit into club fundraising account
- Transfer of funds

STOP! Is this request reflected on your approved club budget for this semester? Yes No N/A
All club expenditures must be reflected on your club budget that was approved by the student senate.

REQUEST FOR PAYMENT/PURCHASE/ REIMBURSEMENT – Check Box below

Please include all necessary paperwork including: Quotes, estimates, etc. Itemized receipts must be provided to the student activities office after purchase, even if the purchase was on a university P-card or for a personal reimbursement. Credit card statements not accepted. For reimbursements to individuals or P-Card- this form must be signed and submitted by the club **BEFORE** a purchase can be made for reimbursement. Remember to attach all original receipts. An original receipt must be returned to the office after the expense has been made before request for payment will be submitted. Attach W9 with any contract if not on file already in business office. (Check will not be processed without an address- If P-Card note so & name of card holder:

Request for purchase of good by Student Activities Office (P.O. or P-Card) Reimbursement Contract
Amount not to exceed:\$ _____ Event/Purpose: _____ Date of Event: _____

Vender (or person to be reimbursed) Name/ Address / Phone: _____

Description of Purchase or Services: _____

NORTHWESTERN

REQUEST FOR DEPOSIT- Please turn in cash deposits in hand to the student activities office (no interoffice)

Cash Amount: \$ _____ Check Amount: \$ _____ Total Amount \$ _____

Purpose for Deposit _____

TRANSFER OF FUNDS

From: _____ to _____ Amount \$: _____

Reason for Transfer: _____

Authorized Endorser's Signature: _____ Date: _____

Club Advisor: * KIP ggf gf + _____

For Office Use Only:

Date Processed: _____

Coding: Club Name: _____ **Fund:** CH2000 **Org:** _____ **Acct:** _____ **Prg:** 51x

Issued by: Northwestern CT Community College Student Activities Office

Billing/Shipping Address: Attn. Director of Student Activities 860-738-6343, Park Place, Winsted CT 06098

<input type="checkbox"/> Purchase Request	<input type="checkbox"/> Reimbursement Request	<input type="checkbox"/> Personal Services
<ul style="list-style-type: none"> 1- Include PO # on Invoice, B/L, Packing list, packages. 2- Submit original invoice or receipt 3- This order is exempt from Federal Excise taxes under Reg. No. 06-730435K, and from CT Sales Tax 4- Submit invoices on day of purchase to insure proper payment 	<ul style="list-style-type: none"> 1- Submit original invoice or receipt 2- Federal Excise Taxes and CT Sales Tax will not be reimbursed 3- NCCC Staff, submit a Payroll Reimbursement Form 	

FEIN Number: _____

SSN (Needed if paying an individual) _____

Notes:

Purchase Approved By

Director of Student Activities

Date

Student Senate Treasurer

Date

W-9 _____	Attach A. _____	PSA _____	Corp. Resolution _____	Receipt _____	Receiving Report _____	Payroll Reimb. Form _____
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