

ICC/BC Check Request



Request for Distribution of Funds

Allow 7 - 10 business days for processing
Attach all ORIGINAL RECEIPTS and CONTRACTS
*****Forms not filled out completely will be voided*****

Requesting Party:	_____	Date:	_____
Signature of Club Rep.:	_____		
E-mail:	_____		
Phone:	_____		

Payable to:	_____	Amount:	_____
Tax ID/ SSN/ USD ID:	_____		
Address:	_____		

E-mail:	_____		
Phone:	_____		

_____ Check (over \$100)
_____ Cash (under \$100)

Hold at Cashier (only to be used for performance contracts)

Check needed by (NO ASAP): _____

Source of Funds:	
<input type="checkbox"/>	ICC BC
<input type="checkbox"/>	AS Budget Committee
<input type="checkbox"/>	Co-Sponsorship
Title of Event:	_____

FOR QUESTIONS OR CONCERNS PLEASE CONTACT
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