

Jackson State Community College  
ORGANIZATION/CLUB CHECK REQUISITION

Date: \_\_\_\_\_

Organization/Club Name: \_\_\_\_\_

Chart \_\_\_\_\_ Fund \_\_\_\_\_ Account 29300

Account Title: \_\_\_\_\_

Please draw check(s) to individuals or firms listed below:

DATE OF CHECK	CHECK #	PAYEE (Give Address)	PURPOSE	AMOUNT

Please attach original invoice(s), sales receipt(s) or requisition(s) on pre-paid expenses.

**The following signatures are required for processing of requisition:**

APPROVED:

\_\_\_\_\_  
Faculty Sponsor

\_\_\_\_\_  
Treasurer of Organization/Club

\_\_\_\_\_  
Vice President for Financial and Administrative Affairs