

Bard College Student Association Check Request

Vendor No. (office use only): _____

Date: _____

Check payable to: _____

Club: _____

Address: _____

Code: _____

City, state, zip code: _____

SSN (for payment of service): _____

Mail check to (if different from above): _____

Cell phone number and email of person making request: _____

*Receipts **must** be attached to all check requests. A valid receipt contains location of purchase, itemized expenses, proof and method of payment and amount of payment. Requests submitted without receipts will not be honored.*

*Bard College is a tax exempt organization; therefore, tax on your purchases will not be reimbursed. If you would like a tax exempt form, please contact the Student Activities Office for all appropriate paperwork **prior** to making a purchase.*

Budget Line	Description of purchase	Quantity	Unit Price	Amount
			Total	

Club Head/Member: (print) _____

(sign) _____

Student Association Treasurer: _____

Student Activities: _____