

**COLLEGE OF LAKE COUNTY  
STUDENT ACTIVITIES  
PAYMENT REQUEST**

\_\_\_\_\_ Payment

\_\_\_\_\_ Reimbursement

**CLUB NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

An invoice/receipt for \$ \_\_\_\_\_ is attached.

**Justification for expenditure:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Make check payable to:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

Or

**Tax ID Number:** \_\_\_\_\_

**Mail:** \_\_\_\_\_

**Put in Club Mailbox:** \_\_\_\_\_

**Advisor Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

Please attach receipts, contracts or paperwork to this form.