



Rowan-Cabarrus Community College  
**Club CHECK REQUEST Form**

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TO: **Brenda Weaver**

FROM: \_\_\_\_\_

SUBJECT: \_\_\_\_\_

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

Please issue a check in the amount of \$ \_\_\_\_\_ from the following club funds: \_\_\_\_\_.

Make check payable to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone number (if available)

Please make check available on: \_\_\_\_\_

To be: \_\_\_\_\_ Mailed  
\_\_\_\_\_ Picked up by \_\_\_\_\_  
\_\_\_\_\_ Other (specify) \_\_\_\_\_

Please call ext. \_\_\_\_\_ for additional information.

\_\_\_\_\_  
Club President

\_\_\_\_\_  
Club Advisor