



# Santa Clara University Catala Club

## CHECK REQUEST FORM

TO: CATALA CLUB TREASURER

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

PAYEE:: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

REASON FOR REQUEST: (identify fundraiser if applicable) \_\_\_\_\_

\_\_\_\_\_

AMOUNT: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

- **Make 2 copies of the receipt(s) and 2 copies of this completed check request form**
- **Keep one copy for your records**
- **Give one copy to the Treasurer**
- **Attach supporting documentation to this completed form - ie original receipt(s) and mail to:**

BC Gibbons  
1050 Portland Avenue  
Los Altos, CA 90024