

MIDDLE GEORGIA STATE UNIVERSITY

STUDENT ACTIVITY (SACT) CHECK REQUEST FORM

FORM MUST BE COMPLETED AND SUBMITTED ELECTRONICALLY BY RSO OR SACT PROGRAM ADVISOR/DIRECTOR.

• **DATE:** • **AMOUNT OF REQUEST** \$

• **MAKE CHECK PAYABLE TO:**

NAME	<input type="text"/>	SS #
ADDRESS	<input type="text"/>	FEI #
	<input type="text"/>	

NOTE: For payments to students SS# and address to which check should be sent are required.

NOTE: B-Vendor form completed by student MUST be submitted along with this check request if student is not in the MGA Accounting System.

• **CHARGE PAYMENT TO:**

NOTE: CHOOSE CORRECT ACCOUNT AND CHARTSTRING FROM DROP DOWN LIST

	DATE(S)		AMOUNT	ACCOUNT	FUND	DEPT ID	PROGRAM	CLASS	NAME
	From	To							
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

• **PURPOSE OF PAYMENT:** *Student reimbursement; Student Stipend; Conference registration fee; Pre-paid hotel reservation; Other*

1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>

NOTE: Documentation for payment must be submitted with this form: Copy of receipts, invoices, conference registration/agenda, hotel reservvation, etc.

REQUESTED BY

<i>Printed Name</i>	<i>Signature Required</i>	<i>Date</i>
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BUDGET MANAGER APPROVAL Linda Foskey

<i>Printed Name</i>	<i>Signature</i>	<i>Date</i>
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VP STUDENT AFFAIRS APPROVAL Jennifer Brannon

<i>Printed Name</i>	<i>Signature</i>	<i>Date</i>
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INSTRUCTIONS: Complete/sign form, then click on envelope in toolbar at top to submit via email to linda.foskey@mga.edu for approval.