**Sport Club**

**Payment Processing Form**

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In order to utilize any Program or Opportunity Funding allocations, please complete this form and attach to any original receipts. Forward to: **c/o Kelsey Orrill, Student Fitness Center**

Processing will take up to 10 business days. **(Receipt must show $0 Balance or “Paid in Full”)**

**Please Write Legibly**

**Date: Club:** **Club Contact:**

**Phone Number:** **\_\_\_\_\_\_\_\_\_\_ E-Mail:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for Request:**

**TOTAL REQUESTING: $**

Allocation – Check if using Program/Opportunity Funds

**Amount Requesting: $**  (if different than total)

Foundation – Check if using Foundation Account

**Amount Requesting: $**  (if different than total)

**If requesting use of your club’s Foundation Account for the purpose of reimbursement, please provide the name and address of the club officer who will be receiving the check below.**

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

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

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip Code:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR BUSINESS OFFICE USE ONLY**

Date Rec’d: / FILE