

# Sport Club Payment Processing Form



CAMPUS RECREATION  
*Illinois State University*

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: \_\_\_\_\_

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: \_\_\_\_\_