EXPENSE REQUEST FORM
STUDENT LIFE OFFICE
Mount Wachusett Community College
444 Green Street
Gardner, MA 01440-1000
Tel.: (978) 630-9133
Fax: (978) 630-9557

CLUB NAME: __________________________________________
____________________________________
____________________

Person Completing Form
Telephone #

TODAY’S DATE: ________________________________

<table>
<thead>
<tr>
<th>TYPE OF EXPENSE</th>
<th>ATTACHMENTS</th>
<th>SPECIAL INSTRUCTIONS</th>
<th>ITEMS TO BE DELIVERED TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Payment</td>
<td>☐ Receipts</td>
<td>☐ Mail Check</td>
<td>Name____________________</td>
</tr>
<tr>
<td>☐ Reimbursement</td>
<td>☐ Invoice</td>
<td>☐ Will Pick Up Check</td>
<td>Office___________________</td>
</tr>
<tr>
<td>☐ Cash Advance</td>
<td>☐ Contract</td>
<td></td>
<td>Telephone #______________</td>
</tr>
<tr>
<td>☐ Purchase Order</td>
<td>☐ Registration Form</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Description of Expense (what the expense is for, date of event, quantity, prices, number of people, etc):
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

CHECK PAYABLE TO:  *WITHOUT THE FOLLOWING INFORMATION – YOUR CHECK CANNOT BE PROCESSED*

Name ________________________________
Address ____________________________________________
City, State, Zip ____________________________
Tel. # _______________________________________
Fax # _______________________________________
MWCC STUDENT ID # _________________________
Non-Students: SSN or Federal I.D. # __________________
Amount $ __________________ Date Needed ____________

Purchase Order # __________________________

<table>
<thead>
<tr>
<th>QTY</th>
<th>DESCRIPTION</th>
<th>UNIT PRICE</th>
<th>TOTAL PRICE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

* ____________________________________________________________________________
   Advisor’s Signature

* ____________________________________________________________________________
   Club Treasurer’s Signature

_______________________________________________________________________________
   Student Life Signature

_______________________________________________________________________________
   SGA Treasurer’s Signature

SAMPLE ONLY

WHITE – CBO  YELLOW – SLO On Completion  PINK – SLO  GOLD – Club/Organization
sa 2009