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 _____ SS # _____

  ADDRESS _____ FEI # _____

  _____

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) From	To	AMOUNT	ACCOUNT	FUND	DEPT ID	PROGRAM	CLASS	NAME
1									
2									
3									

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

  1 _____
  2 _____
  3 _____

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

REQUESTED BY	Printed Name	*Signature Required*	Date
BUDGET MANAGER APPROVAL	Printed Name	*Signature*	Date
VP STUDENT AFFAIRS APPROVAL	Jennifer Brannon		
	Printed Name	*Signature*	Date

INSTRUCTIONS: Complete/sign form, then submit via email to vpsa@mga.edu for approval.