



TAFT COLLEGE
WEST KERN COMMUNITY COLLEGE DISTRICT

ASSOCIATED STUDENT ORGANIZATION CHECK REQUEST

Date _____

Make check payable to _____

Name

Address

Amount \$ _____ For _____

Organization _____

Event _____ Date of Event _____

Where _____

Person making request _____

Date check needed by _____

Remarks _____

It is understood that receipts covering all items will be turned in with this check request or as soon after an event as possible.

Student Representative

Club Advisor

Student Life Coordinator/**ASO** Advisor

Dean of Student Success

Vice President of Student Services

Check Number _____

Date of Check _____