



Alumni Association

**Alumni Association & Club
Financial Management System
CHECK PAYMENT REQUEST FORM**

To be completed by Association/Club representative

Association/Club Name _____

Delivered by Name _____ Title _____

Phone Number _____ Email _____

Date Delivered/Mailed _____

PAY TO THE ORDER OF Amount of Check \$ _____

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Expenditure Explanation: _____

Send check to _____ payee at address above _____ third party (address below)

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Authorized Signer/Requestor Signature _____

Forms should be addressed or emailed to:

Office of Institutional Advancement | Temple University
Attn: Maura Bobrek, Coordinator of Administration
Sullivan Hall, Garden Level | 1330 Polett Walk, Philadelphia, PA 19122
Maura.Bobrek@temple.edu | 215.926.2587

***Original invoice, business W9 and COI (when applicable) must be included
in order to process payment.***