



**RCC Check Request Form**

**Club Name:** \_\_\_\_\_

**Requestor Name:** \_\_\_\_\_

**Requestor Title:** \_\_\_\_\_

**Are you a current authorized signer on this account? Yes  No**

**Requestor Email:** \_\_\_\_\_

**Requestor Phone Number:** \_\_\_\_\_

**Payee Name:** \_\_\_\_\_

**Payee Address:** \_\_\_\_\_

\_\_\_\_\_

**Check Amount:** \_\_\_\_\_

**Payment Deadline (if necessary):** \_\_\_\_\_

**\*Check Request Reason:** \_\_\_\_\_

\_\_\_\_\_

\*RCC Expense request paperwork must also be submitted and approved

**We understand that Club Sports checks generally require dual signature authorization. However during these remote work times due to Covid-19, we agree to allow \_\_\_\_\_ to authorize and issue this check as the sole signer.**

\_\_\_\_\_  
**Club President Signature**

\_\_\_\_\_  
**Club Treasurer Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**