

CLUBS: WITHDRAWAL REQUEST

DATE: _____

CLUB NAME: _____

SIGNING OFFICER: _____

Name

Signature

DESCRIPTION	AMOUNT
Cheque Payable To:	\$
Pickup <input type="checkbox"/> Mail <input type="checkbox"/> Mailing Address (if applicable) with postal code:	
Description of purpose funds released:	

***Once completed with all detail and signature, email to csaclubs@uoguelph.ca**

CLUBS COORDINATOR: _____

Name

Signature

Business Office Use ONLY Acct#11500

Cheque #: _____ Date: _____

Prepared By: _____