

Peru State College

Student Organization Withdrawal Request

***REQUIRED FIELD**

*Student Org. Name: _____

*Student Org. SAP Account # _____

Date	Check Payable To	Description	Amount

<i>Business Office Use</i>
Check Number _____
Date Issued _____
Date Check Picked Up _____

President _____

Vice President _____

Treasurer _____

Secretary _____

*Sponsor _____

PLEASE NOTE:

- ◆ Sponsor Signature is required along with at least one of the officer's signatures.
- ◆ Please attach all necessary documents and receipts to this form.