

Office of Cooperative Activities 238 Smith Student Center 724.738.2103

## SELF-SUPPORTED ACCOUNT PAYMENT REQUEST

Organization:		
Please make check paya	able to:	
For the amount of:		
In payment for:		
needed). Remaining cho	ecks will be available	dressed envelope with proper postage (if for pick-up in the Co-Op office. Requests the next working day at noon.
Student (Print)	Date	Student (Sign)
Advisor(Print)	Date	Advisor (Sign)
Office Use Only Appro	ved: (Circle One) Yes	s No Initials: