



# CHAPTER / CLUB WITHDRAWAL REQUEST

CHAPTER OR CLUB

GRADUATING YEAR:

PRESIDENT'S NAME

PRESIDENT'S SIGNATURE

TREASURER'S NAME

TREASURER'S SIGNATURE

CONTACT NUMBER

DATE

**NO PAYMENTS WILL BE APPROVED/ISSUED WITHOUT PROPER DOCUMENTATION. ATTACH ALL RECEIPTS, INVOICES ETC.**

**REASON FOR WITHDRAWAL:**

**CHEQUE PAYABLE TO:**

**AMOUNT: \$ \_\_\_\_\_**

OFFICE USE ONLY

APPROVED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

OFFICE USE ONLY

COMPLETED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

CHEQUE#: \_\_\_\_\_

PICKED UP BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
SIGNATURE

RECORDED ON SPREADSHEET  STAFF INITIALS \_\_\_\_\_