



**CME SIGN-OFF FORM**

**for**

**DEPOSIT OF COMMERCIAL CHECKS**

Commercial Company \_\_\_\_\_

Amount of Check \$ \_\_\_\_\_

Activity Title \_\_\_\_\_

Activity Date \_\_\_\_\_

Activity Coordinator \_\_\_\_\_

**CHECK OFF LIST – ALL MUST BE ATTACHED:**

Copy of Check Yes \_\_\_\_\_ No \_\_\_\_\_

Agreement Signed by All Parties Yes \_\_\_\_\_ No \_\_\_\_\_

Brochure / Flier Attached Yes \_\_\_\_\_ No \_\_\_\_\_

**SIGN OFF BY CME DEPARTMENT – REQUIRED BEFORE DEPOSIT:**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_



**CME SIGN-OFF FORM**

for

**DEPOSIT OF COMMERCIAL CHECK: EXHIBIT SUPPORT**

Commercial Company: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Activity Title: \_\_\_\_\_

Activity Date: \_\_\_\_\_

Activity Coordinator: \_\_\_\_\_

**CHECK OFF LIST – ALL MUST BE ATTACHED:**

Check or Credit Card Information: Yes \_\_\_\_\_ No \_\_\_\_\_

Signed Exhibit Support Agreement: Yes \_\_\_\_\_ No \_\_\_\_\_

Either Brochure, Flier or Agenda Attached: Yes \_\_\_\_\_ No \_\_\_\_\_

**SIGN OFF BY CME DEPARTMENT – REQUIRED BEFORE DEPOSIT:**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_