



CHECK REQUEST FORM

PLEASE ATTACH ALL INVOICES AND RECEIPTS

Date: _____ TOTAL CHECK AMOUNT: \$ _____

Requested by: _____
(Print Your Name)

Committee Chairperson approval/signature: _____

Make Check Payable to: _____

Address: _____ City _____ St: _____ Zip: _____

Charge to account as follows: _____

(For example: Hot lunch, X, X, X)

Comments: _____

*** PLEASE INDICATE ONE OF THE FOLLOWING:**

_____ Mail check directly to vendor at above address (attach invoice/remittance advice, etc.)

_____ Other: _____

Treasurer Approval: _____ Date Paid: _____ Check # _____