




---

## CHECK REQUEST FORM

Name of Person Requesting Check \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Event/Purpose \_\_\_\_\_

Item(s) Purchased \_\_\_\_\_

Date Needed by: \_\_\_\_\_ Amount Requested \$ \_\_\_\_\_

Invoice attached  
or

Mail to:

Deliver to:

Receipt(s) attached

\_\_\_\_\_

**Write Check to:**

Name of Person/Company \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ Zip (\_\_\_\_) \_\_\_\_\_ Phone \_\_\_\_\_

**Approved by:**

\_\_\_\_\_

**For Treasurer Use:**

- Membership-approved activity
- Executive Board-approved activity

<u>Event</u>	<u>Account</u>	<u>Check Number</u>	<u>Amount</u>

Date Mailed or Delivered: \_\_\_\_\_

Notes: