

Check Request

Receipts, invoices, budget and/or other supporting documentation must be attached.
Please submit this document to Finance Committee

Make Check to:

Address:

| Date | Item | Place of Purchase (if appropriate) | Amount Requested |
|------|------|---------------------------------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | Total | |

Account of check:

Explanation:

Signature: _____ Date: _____

Approved _____ Date: _____

(For the treasurer's use only)

Approved : _____

| Date | Transfer From | Acct. # | Account | Amount |
|------|------------------|---------|---------|--------|
| | | | | |
| | split | | | |
| | | | | |
| | | | | |

Posted By: _____

On: _____