



# CHECK REQUEST FORM

## Section I

Amount requested: \$ \_\_\_\_\_ Date of request: \_\_\_\_\_

Person requesting check: \_\_\_\_\_

Purpose for funds: \_\_\_\_\_

Date of event: \_\_\_\_\_

Original Receipts (circle one):      Attached      To Come\*      N/A

*\*\*Note: If item has already been purchased, please attach receipt(s) to this form. Otherwise provide receipts(s) as soon as possible after purchase. Approval must be obtained on all purchases. Failure to obtain approval may result in purchaser having to incur the expenses.*

## Section II- THIS SECTION MUST BE COMPLETED IN FULL.

Check should be made out to (Please PRINT):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

(Circle One)      Mail      Pick Up

\_\_\_\_\_ **FOR TREASURER USE ONLY** \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Seconded by: \_\_\_\_\_ Date: \_\_\_\_\_

Check Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_

ACCOUNT: \_\_\_\_\_ Date Entered: \_\_\_\_\_