

Check Request Form

(To be used when requesting funds from the Treasurer)

Your Name:		Phone Number:	
<i>If check is to be made out to you, disregard the following. If check is to be made out to a vendor, please be sure everything is filled out completely.</i>			
Make Check Payable to:			
Address/City/State/Zip:			
Phone number:	Invoice Number:	Invoice Date:	Date Due:

Description of Items	Place of Purchase	Amount	Budget Account

TOTAL EXPENSES REPORTED	
LESS ADVANCE (if applicable)	
TOTAL DUE INDIVIDUAL/VENDOR	

PLEASE NOTE: Sales tax will not be reimbursed...staple original receipt (no copies).
Checks will be ready on Fridays. Plan ahead!

Your Signature: _____

Chairman's Authorization: _____

Treasurer Signature _____

Second Signer Signature: _____

For treasurer's use only: <input type="checkbox"/> Entered in Checkbook <input type="checkbox"/> Entered in Computer <input type="checkbox"/> Cleared bank	Date request received: _____ Check Number and Date: _____ Voucher number: _____
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