

CHECK REQUEST FORM

Pay to the Order of: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

- Mail Check to the above address
- Hold Check
- Give to: _____

Please describe below the items purchased in detail as well as the purpose of the expenditure.
Attach ALL necessary receipts to show proof of purchase. If an invoice is available, please list the invoice number and attach it to the request.

<u>Items Purchased/Purpose:</u>	<u>Amount:</u>	<u>Invoice #</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
TOTAL AMOUNT:	\$ _____	

Check requested by: _____

Telephone # _____

Approved by: _____

TREASURER'S USE ONLY PLEASE

<u>ACCOUNT FUNDS ALOCATED TO:</u>	<u>AMOUNT</u>	
_____	\$ _____	
_____	\$ _____	Date: _____
_____	\$ _____	Check # _____
_____	\$ _____	Date Distributed: _____
_____	\$ _____	Date Entered: _____
_____	\$ _____	Initials: _____