

CHECK REQUEST FORM

Please complete the following:

Date of request _____

Name of requestor _____

Email _____ Phone _____

Make check payable to _____

Address _____

Check amount \$ _____

Description of purchase/items _____

Name of event or committee _____

Requestor's signature _____

All receipt(s) MUST be attached to this form if items have already been purchased. If purchase has been approved but not yet made, please submit receipts to the treasurer as soon as possible.

TREASURER'S USE ONLY

Date	Check #	Check Amount
Approved By		Treasurer's Initials

