

## CHECK REQUEST FORM

Payable to: \_\_\_\_\_ Date needed: \_\_\_\_\_

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

Check requester: \_\_\_\_\_ Date: \_\_\_\_\_

Account to debit: \_\_\_\_\_ Invoice # \_\_\_\_\_

**If your invoice reflects multiple budget line items, please identify the line items and the amount that should be deducted from each.**

\_\_\_\_\_  
\_\_\_\_\_

Item	Place of Purchase	Amount
	Total:	

**Reminder: Receipts are required for reimbursement.  
Sales tax will not be reimbursed.**

Treasurer's Notes:

Date Invoice Received: \_\_\_\_\_

Date Paid: \_\_\_\_\_

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

Amount of Check: \_\_\_\_\_

Remarks:

Chairman's Authorization: \_\_\_\_\_

Treasurer's Signature: \_\_\_\_\_

President's Signature: \_\_\_\_\_

**- ATTACH RECEIPTS TO BACK OF SHEET -**