CHECK REQUEST FORM

CONDOMINIUM NAME:_____

TODAY'S DATE:_____

PAYEE: :_____
                          Please Print Your Name

MAIL THE CHECK TO::_____

_____

MAIL CHECK_____   OR   CHECK TO BE PICKED UP_____   (Check One)

Purchase Date	Store Name	Item Purchased	Reason for Purchase	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			TOTAL:	$_____

PURCHASES WERE AUTHORIZED BY:_____

CHECKS YOU RECEIVE FROM THIS OFFICE MUST BE CASHED WITHIN 30 DAYS.