Check Request Form

1	To whom is the check to be written Name	
	Address	
2	Purpose (what is/was the money spent for?)	
3	Date the check is needed	
	Date this form was submitted	
4	Contact details of the person submitting this form	
	Name	Phone
	Signature	
5	Approved by	
6	Attach receipts to the back of this form	
7	Please indicate the budget which is to be charged	
	FUNDRAISING	SERVICES
	o Fall Fundraiser	0
	o Spring Fundraiser	0
	o Other	
	o Other	
	ADMINISTRATION	OTHER
	o Postage	0
	o Photocopies	0
	o Office Supplies	0
		easurer's Use Only:
Check # Date Amount \$		

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